



Division of Public and Behavioral Health Policy

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1.0 Policy

It is the Policy of the Division of Public and Behavioral Health (DPBH), Substance Abuse, Prevention, and Treatment Agency (SAPTA) that all providers, in accordance with 505 (a) of the Public Health Service Act (42 US code 290aa-4) which directs the Administrator of the Substance Abuse and Mental Health Services Administration (SAMHSA), to collect items including admission and discharge data.

2.0 Procedure

The form is used to document parent/guardian information for clients, if applicable.

1. From the **HOME** screen, in the **Search Forms** widget, search for parent/guardian information.
 - a. Double-click.

The screenshot shows a 'Search Forms' widget with a search input field containing the text 'parent'. Below the input field is a table with two columns: 'Name' and 'Menu Path'. The table contains one row with the text 'Parent/Guardian Information' in the 'Name' column and 'Avatar PM / Client Management / Client Information / Patien' in the 'Menu Path' column.

2. The **Select Client** screen will appear.
 - a. Search for the client by **ID** or **Last Name**.
 - b. Double-click on selection.

The screenshot shows a 'Select Client' screen with a search input field containing the text 'robbin'. Below the input field is a 'Results' section with a table containing one row with the text 'STEPHANIE ROBBINS (000000001)'.

3. The **Episode Selection** screen will appear.
 - a. Double-click on the specific episode—most likely will be the first.

The screenshot shows an 'Episode Selection' screen with a table containing one row. The table has three columns: 'Episode', 'Program', and 'Start'. The row contains the values '1', 'Level 1 - Outpatient Services', and '03/15/2016'.



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4. Enter the **Parent Guardian Name**.
 - a. Enter **LAST NAME, FIRST NAME**.
5. Enter the **Parent/Guardian Relationship**.

Parent Guardian Name
DOE, JANE

Parent/Guardian Relationship
Cousin

6. Choose the **Marital Status** of the parent/guardian, if applicable.
7. Enter the **Date of Birth** for the parent/guardian, if applicable.
8. Enter the **Social Security #** for the parent/guardian, if applicable.

Parent/Guardian Marital Status

Single/Never Married Married
 Remarried Separated
 Divorced Widowed
 Unknown

Parent/Guardian Date Of Birth
01/01/1960

Parent/Guardian Social Security # 111525222

9. Choose **Yes** or **No** if the parent/guardian is living with the client.
10. Enter the **Address Street 1, Address Street 2, Zip Code, City, County, State** of the parent/guardian.

Parent/Guardian Living With Client

No Yes

Parent/Guardian Address Street 1

Parent/Guardian Address Street 2

Parent/Guardian Zip Code

Parent/Guardian City

Parent/Guardian County

Parent/Guardian State



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11. Enter the **Home Phone** for the parent/guardian.
12. Enter the **Parent/Guardian Employer** information.

Parent/Guardian Home Phone

Parent/Guardian Employer

Parent/Guardian Employer Address Street

Parent/Guardian Employer Zip Code

Parent/Guardian Employer City

Parent/Guardian Employer County

Parent/Guardian Employer State

Parent/Guardian Employer Phone

13. Click **Submit** when completed.

Parent/Guardian Infor...

Submit