

# CHILD INFORMATION UPDATE FORM (CIUF)

CIUFDATE (Today's date)   /   /

Month Day Year

CHILDDID (National evaluation ID)

TIMEFRAM (Assessment period) 2 = 6 months  
 3 = 12 months  
 4 = 18 months  
 5 = 24 months

**A. Sources of information used to complete this form** *[Select all that apply]*

- 1 = Caregiver (child's caregiver in a family, household environment)
- 2 = Staff as Caregiver (staffperson who has acted as the child's day-to-day caregiver for the majority of the past 6 months)
- 3 = Youth
- 4 = Case record review
- 5 = Other

**B. Agency that the child is currently involved with** *[Select all that apply]*

- 1 = Corrections
- 2 = Juvenile court
- 3 = Probation
- 4 = School
- 5 = Mental health agency/clinic/provider
- 6 = Physical health care agency/clinic/provider
- 7 = Public child welfare
- 8 = Substance abuse agency/clinic/provider
- 9 = Family court
- 10 = Early care: Early Head Start program
- 11 = Early care: Head Start program
- 12 = Early care: Early intervention (Part C)
- 13 = Early care: Preschool special education program (Part B)
- 14 = Early care: Other early care and education programs/providers (including childcare/providers)
- 15 = Other—please specify

**B1. Child welfare involvement**

- 1 = Receiving child abuse and neglect investigation/assessment
- 2 = Court-ordered out-of-home placement—Foster care
- 3 = Court-ordered out-of-home placement—Kinship care
- 4 = Court-ordered out-of-home placement—Residential treatment
- 5 = Voluntary out-of-home placement—Foster care
- 6 = Voluntary out-of-home placement—Kinship care
- 7 = Voluntary out-of-home placement—Residential treatment
- 8 = Court-ordered in-home services
- 9 = Voluntary in-home services

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*[If 7 = Public child welfare not selected above, go to Question #5.]*

**SECTION I. Child Demographic Information**

*[Questions #1–4 are skipped, as they are not applicable at follow-up.]*

5. What is the ZIP Code of the address where *(child's name)* currently lives?

\_\_\_\_\_

*[Question #6 is skipped, as it is not applicable at follow-up.]*

7. During the past 6 months, was *(child's name)* the recipient of . . . ? *[Select all that apply]*

1 = Medicaid

2 = CHIP

3 = SSI

4 = TANF

5 = CMHS grant program funds

6 = Private insurance

7 = Other—please specify \_\_\_\_\_

Children and youth may have diagnostic codes for more than one classification system. Section II addresses diagnostic classification for *DSM–IV–R* and/or ICD–9 only. Because all children and youth served in systems of care must have diagnostic information, diagnostic codes for younger children (i.e., codes for the **Revised** DC:0–3) may be entered in Section IV.

8. Does *(child's name)* have a *DSM–IV–R* or ICD–9 diagnosis?

1 = No *[GO TO QUESTION #13]*

2 = Yes

**SECTION II. Child Diagnostic Information: *DSM–IV–R* and ICD–9**

*[Question #9 is skipped, as it is not applicable at follow-up.]*

In this section, please record the *DSM–IV–R* or ICD–9 diagnostic codes in the indicated fields.

10. Date of the most recent multiaxial diagnostic evaluation

\_\_\_\_\_  
*(mm/dd/yyyy)*

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## 11. Who provided the diagnosis?

- 1 = Child psychiatrist
- 2 = General psychiatrist
- 3 = Child psychologist
- 4 = General psychologist
- 5 = Licensed mental health staff (clinical social worker/professional counselor/therapist)
- 6 = Primary care physician
- 7 = Nurse practitioner/psychiatric nurse practitioner/physician's assistant
- 8 = Other licensed physical health staff
- 9 = Unlicensed staff (mental health assessment specialist)
- 10 = Other—please specify \_\_\_\_\_
- 666 = Not applicable
- 777 = Refused to answer
- 888 = Don't know
- 999 = Missing

*[Primary diagnosis should be listed as the first diagnosis on each axis (1a, 2a).]*

## 12. AXIS I: Clinical Disorders

	Diagnostic code	DSM-IV-R name
axis_1a	_____.	_____
axis_1b	_____.	_____
axis_1c	_____.	_____

## AXIS II: Personality Disorders and Mental Retardation

	Diagnostic code	DSM-IV-R name
axis_2a	_____.	_____
axis_2b	_____.	_____

## AXIS III: General Medical Condition (ICD-9-CM numeric code)

*[Separate multiple codes with commas]*

	ICD-9-CM numeric code
axis 3	_____

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AXIS IV: Psychosocial and Environmental Problems *[Select all that apply]*

- 1 = Problems with primary support group
- 2 = Problems related to the social environment
- 3 = Educational problems
- 4 = Occupational problems
- 5 = Housing problems
- 6 = Economic problems
- 7 = Problems with access to health care services
- 8 = Problems related to interaction with the legal system/crime
- 9 = Other psychosocial and environmental problems
- 666 = Not applicable
- 777 = Refused to answer
- 888 = Don't know
- 999 = Missing

AXIS V: Global Assessment of Functioning Scale (GAF) \_\_\_\_\_  
*[Enter **current** GAF score]*

**SECTION III. Child Enrollment Information**

*[Question #13 is skipped, as it is not applicable at follow-up.]*

13a. System of care enrollment status of the child

- 1 = Child is receiving system of care services *[GO TO QUESTION #13c]*
- 2 = Formally completed services/discharged *[GO TO QUESTION #13c]*
- 3 = Family no longer receiving services, but not discharged *[GO TO QUESTION #13c]*
- 4 = Other—please specify \_\_\_\_\_ *[GO TO QUESTION #17]*

*[Question #13b is skipped, as it is not applicable at follow-up.]*

13c. Date of the child's most recent assessment for the system of care

\_\_\_\_\_  
*(mm/dd/yyyy)*

13d. Date of the child's most recent service planning team meeting in the system of care

\_\_\_\_\_  
*(mm/dd/yyyy)*

13e. Date of the child's most recent service received through the system of care

\_\_\_\_\_  
*(mm/dd/yyyy)*

*[Questions #13f–16 are skipped, as they are not applicable at follow-up.]*