

\*GOSH Required Field

### GOSH MEMBER ENROLLMENT

(Please Print)

ADAMH/ADAS Board Consortium \_\_\_\_\_

GOSH Agency ID \_\_\_\_\_ GOSH Individual ID \_\_\_\_\_  NEW MEMBER  CHANGE/UPDATE

#### PROVIDER INFORMATION

\*Submitting Provider \_\_\_\_\_ Date Submitted for Enrollment \_\_\_\_\_

\*Contact Person \_\_\_\_\_ \*Fax No. \_\_\_\_\_ \*Phone No. (include ext.) \_\_\_\_\_

Agency Type  MH – Mental Health  AD – Addiction  DF – Dual Funded MACSIS UCI \_\_\_\_\_ MACSIS UPI \_\_\_\_\_

#### CLIENT INFORMATION

\*Last Name \_\_\_\_\_ \*First \_\_\_\_\_ MI. \_\_\_\_\_ \*DOB \_\_\_\_\_ \*Gender:  M  F

\*Address 1 \_\_\_\_\_ Address 2 \_\_\_\_\_

\*City \_\_\_\_\_ \*State \_\_\_\_\_ \*Zip \_\_\_\_\_ \*County \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

\*Race (choose one):  Alaska Native  American Indian  Black/African American  Native Hawaiian  
 White  Two or More Races  Other Single Race  Unknown  Asian

\*Ethnicity (choose one):  Cuban  Mexican  Hispanic - Specific Origin  Not of Hispanic Origin  
 Puerto Rican  Unknown  Other Specific Hispanic

\*Marital Status:  Divorced  Widowed  Separated  Single/Never Married  
 Unknown  Married/Living Together as Married

\*Medicaid No.: \_\_\_\_\_ \*SSN: \_\_\_\_\_ Client ID \_\_\_\_\_ \*Start Date \_\_\_\_\_

\*Family Size: \_\_\_\_\_ \*Mo. Income: \$ \_\_\_\_\_ Affiliation Code(s) \_\_\_\_\_ Insurance:  Yes  No  Unknown

SMD/SED  Disclosure Signed  AOD Release of Information Signed  Consent for Treatment Signed  In Crisis at Enrollment

Comments \_\_\_\_\_

Board Use Only: Sliding Fee: \_\_\_\_\_ % CoPay Amt \_\_\_\_\_ Rider \_\_\_\_\_

#### Prohibition on Redislosure

Prohibition on Redislosure: This notice accompanies a disclosure of information concerning a client in alcohol/drug abuse and/or mental health treatment. State and Federal law prohibit redisclosure of this information without the client's consent. With respect to clients receiving alcohol and other drug addiction treatment, this information has been disclosed to you from records protected by federal confidentiality rules (42CFR Part 2). The Federal rules prohibits you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient. v5-3/13/14