

**JHSO - CCMS Client File Synopsis**

**Client name**:

**DOB:**

**UCI #:**

**Current address:**

**Client contact method(s):**

**Workers / Counsel / Staff**

**Language**

**Family / Friends / Community Involvement**

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**Finances / Employment**

**Education / training**

**Completed programming**

**Religion / cultural background**

**Physical & Mental health / Medical treatment**

**Criminal history and outstanding charges**

**Substance use (current / historic) and related programming**

**PhyPhy**

**I.D. / travel documents**

**Life necessities**

**Housing**

**Transportation**