

Data Collection Cover Page

Rev. 07/14

CDDO Use Only		
Date Received:	_____	
Date Data Entered:	_____	
Unique Identifier:	_____	
_____	-	_____
<small>Last 4 SSN</small>	<small>Assessment Type</small>	<small>Date</small>

Consumer Name:	TCM Agency:
Social Security # :	TCM:
Date Submitted:	Phone # :

- I - Initial Assessment** includes the following:
 - Initial** - this individual has never been entered into KAMIS before.
 - Re-Admit** - this individual was previously entered into KAMIS, but closed all services and would like to receive services again.

- A - Annual Assessments** includes the following:
 - Annual Assessment** - (Assessment must be dated within the birth month and will not be entered into KAMIS until after the 1st day of the individual's birth month)
 - S - Special Permission** - this assessment was not completed in the birth month. (Assessor will need to submit e-mail stating reason for late assessment to the CDDO KAMIS Liaison. Special Approval by the state must be given before assessment can be entered into KAMIS.)
 - Child reaching the age of 5** – to be entered after the 5th birth date.
 - Re-assessment** - was approved by the following person:

(Name)	(Date)
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- R - Re-Entry** due to local review or appeal

- Changes/Update**
 - Information Section Change** - (If changing or adding new guardian, please submit copy of court documents granting guardianship)
 - Service Section Change**
 - TCM Agency Transfer**

- Termination/Transfer**
 - One or more services have been closed.
 - Closing TCM services, transfer to CDDO for waiting list purposes.
 - Close all services and mark individual as Inactive in KAMIS.
 - Transferred to another CDDO area within the state. _____ (Reason)

Instructions: Mark all that apply. Please staple this cover sheet in the upper left corner to any forms submitted. **Form changes may be submitted in writing or electronically.** All changes should be legibly indicated in **Red** ink. Please call: 316-660-1931 with any questions you may have. Submit documents to: basis@sedgwick.gov or 316-660-4911 fax.