



Cover Page

CDDO Use Only

Date Received: _____

Date Data Entered: _____

Rev. 02/08

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

Initial Assessment-CDDO use only

- Initial** - this individual has never been entered into BASIS before.
- Re-Admit** - this individual was previously entered into BASIS, but closed all services and would like to receive services again.
- Transfer** - this individual has transferred from the following CDDO provider area: _____ Data entry approved by the Placement Coordinator: _____

(Signature)

Annual Assessment

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

(Name)

(Date)

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**

Service Closing

- One or more services have been closed.
- Closing TCM services, transfer to CDDO for waiting list purposes. Data entry approved by the SAO Director: _____

(SAO Director Signature)

Deletion from BASIS

- Close all services and delete this individual out of BASIS. _____
- Port to other CDDO area within the state. _____ (Reason)

Instructions: Mark all that apply. Please staple a BASIS Cover sheet to any BASIS forms submitted in the upper left corner. Forms requiring signatures, such as the BASIS assessment, should not be faxed. **BASIS form changes may be submitted via the hand-written form or on the computer generated forms.** All changes should be indicated in Red ink. Please call: 316-660-7636 with any questions you may have.
Submit documents to: *BASIS Liaison* SCDDO * 615 N Main * Wichita, KS 67203.