Client Data Set

A Client record (ProviderClient) is required for each client that receives treatment services from a Provider Agency.

The Client Data Set must be submitted prior to or included with any data set submissions associated with that client. The Client Data Set information should be updated when changes in the data occur.

Profile

First Name*	Middle Name	Last Name*	Suffix

Birth Date*

Sex*	Gender Identity*
☐ Male	☐ Man
☐ Female	☐ Woman
☐ Refused	☐ Transgender Man (Female to Male)
	☐ Transgender Woman (Male to Female)
	☐ Genderqueer
	☐ Other Gender Identity
	☐ Refused

Sexual Orientation*	Ethnicity*
☐ Straight/ Heterosexual	☐ Puerto Rican
☐ Gay/Lesbian	☐ Mexican
☐ Bisexual	☐ Cuban
☐ Other	☐ Other specific Hispanic or Latino
☐ Refused	☐ Not of Hispanic or Latino origin
	☐ Hispanic or Latino - Specific origin not specified
	☐ Refused

Provider

IBHRS will default to your Provider Agency. If it does not, you can search for your Provider Agency in the Data Entry Screens.

Provider Client Races

Type*	There must be exactly one Provider Client Race record with Primary type.	Race*
☐ Primary		☐ White
☐ Other		☐ Black or African American
		☐ Asian
		☐ American Indian Or Alaskan Native
		☐ Native Hawaiian or other Pacific Islander
		☐ Another Race
		☐ Refused

Type	☐ Primary ☐ Other	Race	☐ White ☐ Black or African American ☐ Asian ☐ American Indian Or Alaskan Native ☐ Native Hawaiian or other Pacific Islander ☐ Another Race ☐ Refused

Provider Client Email Addresses

Email address:

Email address:

Email address:

Provider Client Identifiers

Type*	A Social Security Number must be provided for each client ☐ Social Security Number ☐ Medical Record Number	Identifier*	If SSN for the client is Unknown then use 999-99-9999
Type	☐ Social Security Number ☐ Medical Record Number	Identifier	

Provider Client Phones

Type*	There must be at least one phone record for each client ☐ Home ☐ Mobile ☐ Work	Phone Number*	If a client does not have a phone number, please use 000-000-0000
Type	☐ Home ☐ Mobile ☐ Work	Phone Number*	
Type	☐ Home ☐ Mobile ☐ Work	Phone Number*	

Provider Client Physical Addresses

Type*	*There must be exactly one Physical Address record with Primary or Homeless type for each client. Only the County field is required for Homeless Address Type.*		
	☐ Primary	☐ Homeless	☐ Other

First Street Address*

Second Street Address

City Name*	State*	Postal Code*

County*

Type	☐ Primary	☐ Homeless	☐ Other

First Street Address

Second Street Address

City Name	State	Postal Code

County