

Core Demographics

All fields are required to maintain by the provider who is working with the client.

See Address Information job aide to enter an address.

Department of Human Services
Allegheny County, Pennsylvania

CIPS
Client Information & Payment System

Service Admin
Logout

Client Demographics ! <<

* Denotes Mandatory Fields

Core Demographics

Core Demographics

First Name*	Middle Name	Last Name*	Gender*
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
SSN	Date of Birth*	Marital Status	US Citizen
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Race	Ethnicity	Other Ethnicity	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
			Date of Death
			<input type="text"/>

Additional Information

Additional Information

Transgender	Veteran Status	Primary Language	Secondary Language
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
MH Recipient ID (MHX Number)	MA Recipient Number		
<input type="text"/>	<input type="text"/>		

Other Names

Type	First Name	Last Name	Suffix	Date Added
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Contact Information

Emergency Contact

Contact Name	Contact Phone	Contact Relationship
<input type="text"/>	<input type="text"/>	<input type="text"/>

Client Contact

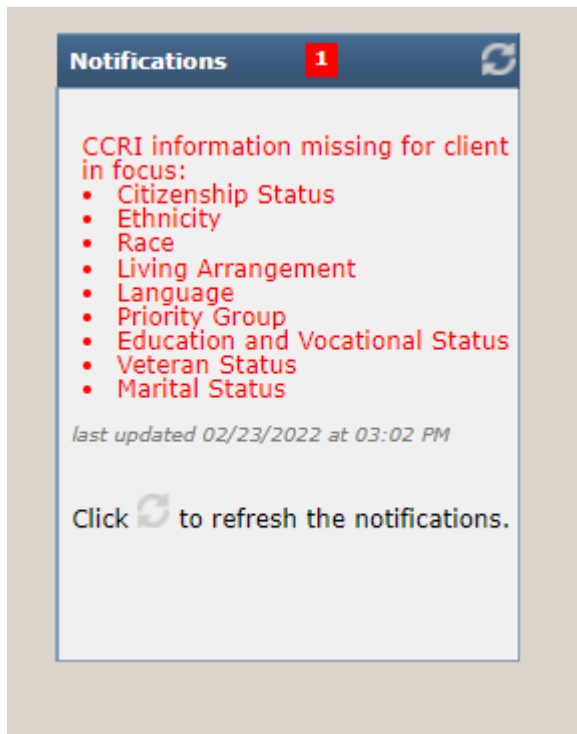
Home Phone	Work Phone	Extn	Cell Number	TTY Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Fax Number	Email Address			
<input type="text"/>	<input type="text"/>			

Common Demographics

Type	Address	City	State	Zip	Start Date	End Date	Last Updated
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Address

The fields in red under Notifications are CCRI mandatory fields that must be completed for a claim to process. Note: review CCRI Mandatory Fields job aid.



The CCRI mandatory fields must be entered for each client or Services Rendered claims will be held for payment until completed.

1. Social Security Number
2. Last Name
3. First Name
4. Gender
5. Date of Birth
6. Address Line
7. City
8. State
9. Zip code
10. County of Residence
11. Address Type
12. Citizenship
13. Race
14. Ethnicity
15. Primary Language
16. Living Situation (Living Arrangement tab)