

Ohio Department of Health
Bureau of Child and Family Health Services (BCFHS)
Child and Family Health Services (CFHS) Program
MATCH Data Definitions

DEMOGRAPHIC RECORD

NOTE: The use of this form is not mandatory. It is preferred that data are collected using the MATCH system. However, if a different data collection system is to be used, the MATCH definitions must be followed for all Child and Family Health Services clients.

All data fields must be completed on the form except those identified as optional. Optional Information is for CFHS agency's use only. Optional data would be entered on the personal computer for agency use, but the data would not be sent to the state.

Always complete Name information on the form for data entry and use at the local level. Name information (last, first and middle initial) will only be uploaded to the state files if the client has given consent (Item #13).

Date Completed – Record the month, day and last two digits of the year.

Updated Information - Mark if this data is for a client or record with updated information.

Do Not Contact – Mark if the client does NOT wish to be contacted by the CFHS agency.

1. **Last Name** - Record the legal last name of the client.
2. **First Name** - Record the legal first name of the client.
3. **Middle Initial** – Record the first letter of the client's legal middle name. Leave the field blank (or use the letter "X") if the client has no legal middle name.
4. **Address** – Enter the client's primary address including street name, city, and state. These are optional fields.
5. **Zip Code** – Record the five (5) digit zip code assigned to the client's place of residence at time of clinic visit.
6. **Phone Number** - Enter the client's primary phone number (7 or 10 digits) for which they can be contacted. This is an optional field.
7. **Parent or Guardian Last Name** – Record the client's parent or guardian's last name. This is an optional field.
8. **Parent or Guardian First Name** – Record the client's parent or guardian's first name. This is an optional field.

9. **Maiden name of client or of birth mother for child client** - Record the maiden name of female family planning or perinatal clients, or the maiden name of the birth mother for the child client. The maiden name is the last name before marriage. This information will be used for linkage with vital statistics records.

Same as above – Maiden name is the same as the client’s current legal last name, which is stated in questions 1-3.

Unknown/Male Family Planning Client – The mother’s maiden name of the child client is unknown or the client has not signed the consent form. Also, use for male family planning clients.

10. **Birth Date** - Record the month, day and last two (2) digits of the year of the client’s birth.
11. **CFHS Client # (optional)**- Record the unique number, up to 15 digits, assigned to each individual client by the local project. Optional data would be entered on the personal computer for agency use but the data would not be sent to the state.
12. **Client’s Social Security Number** - Record the nine-digit number issued to the client by the federal Social Security Administration. **Do not** use the parent’s social security number for this item if the child client does not have one. If the client does not have a social security number or does not give consent to use, leave the field blank on the form.
13. **MATCH Consent Given** – Record “Yes” if the client has given consent to upload name (last, first, middle initial, maiden name) to the state.
14. **Is the client married (for child clients, enter for head of household)** - Answer “Yes” if the family planning or perinatal client is currently legally married. If the client has never married, is divorced or widowed, answer “No.” For the child client, answer whether the head of the household is married.
15. **Gender** - Indicate the sex of the client (Female or Male).
16. **Ethnicity Hispanic/Latino** – A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race.
17. **Race** – Indicate the race the client considers herself/himself to be. Note that Hispanic ethnicity is recorded separately from race in question #16. Hispanic Ethnicity can be recorded as White Race, Black Race, or any of the other Race options. Do not automatically record Hispanics in the “Other” category unless, after reviewing the race categories with the client, she/he specifically indicates that she/he does not consider her/himself to be any of the other races on the list. Check all categories that apply.

White – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Black/African American – A person having origins in any of the black racial groups of Africa.

Asian – A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Native Hawaiian/Pacific Islander - A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.

American Indian/Alaskan Native –A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.

Other (specify-optional) – Individuals who consider themselves to be of races not listed above. It is optional to indicate the type of race in the space provided.

18. **First Language other than English** - Answer “Yes” if the client’s first language is language other than English. It is an optional field to specify the language other than English.
19. **Residence Code** - Record the county, township, or municipality code where the client currently resides. If client is a resident of another state, use the out-of-state code. NOTE: Using the ODH data standard, MATCH will use FIPS codes (8 digits) to identify Residence. The name of the residence should be written on the form; the data entry operator will retrieve the FIPS code by entering the name of the residence on the screen; the 8 digit code will be saved to the data base. A complete listing of the FIPS codes for Ohio and out-of-state, can be found as an attachment in the Demographic definitions.
20. **Household Size** – Record the number of individuals in a client’s family who are supported by the amount of income listed in item Gross Household Income. “Family” is defined as a social unit composed of one or more person(s) living together as a household including dependents away at school. If the client is a teenager requesting confidential services, she/he is considered to have a household size of one (1). If an individual in the household is paying child support for a child that does not live in the household (e.g., child lives with another relative), that child is not counted as part of the household size. A pregnant woman is counted as two (2). The minimum number in a household is one (1).
21. **Gross Household Income (Enter only one) by week, month or year** – Record as weekly, monthly, or yearly the total, combined income (before taxes or deductions) of all individuals in the client’s family (see definition of “family” in Household Size). If the weekly or monthly income varies during the year, use an average. If the client is a teenager requesting confidential services, use only her/his personal financial resources for determining the weekly income. If a family receives direct payments (cash-in-hand) for child support, include as part of the household income; if a family receives child support payments (indirectly) through ODJFS, do not count the child support separately from the ODJFS payments. If an individual in the household is paying child support for a child that does not live in the household (e.g., child lives with another relative), the amount of child support paid is excluded from the gross amount of the family’s

income. Do not include the total income for other families living at the same address. Do not include SSI monies, which must be spent for a designated family member. Do not include Metropolitan Housing allowance, Food Stamp vouchers, or the like.

22. **Income verified by documentation** – Answer “Yes” if the client has shown income documentation (e.g. pay stub, employment record). Documentation is a **MANDATORY** CFHS policy, per the CFHS Administrative Program Standards. A signed self-report can be an acceptable form of income verification.
23. **Client’s highest grade completed** – Record the highest grade the client has completed. For example, if the client currently is in the 12th grade, the highest grade completed is the 11th grade. If the client has graduated from high school or received the general equivalency diploma (GED), mark 12.
24. **Client currently a student** – Answer “Yes” if the client currently attends school either on a full or part-time basis. Schooling may include Head Start or pre-school classes.
25. **Source of Initial Referral to this agency (select only one source)** – Indicate the source that referred the client to the clinic. It is optional to indicate the source of the initial referral in the space provided following “Other.” Optional data can be entered on the personal computer for agency reports but the data will not be sent to the state.

Local Use Only - Twenty-five (25) spaces are provided for entering/accessing data that does not appear on this form but is of importance to that project.
