SSP PARTICIPANT UNIQUE IDENTIFIERS

[PROJECT NAME]

Staff Name: Date:

INSTRUCTIONS: STEP 1

Ask the participant for the following information. If you are creating this unique identifier as part of the initial intake, transcribe the information below from the intake form.

|  |  |
| --- | --- |
| **Information Request** | **Participant Response** |
| Participant Name |  |
| Date of Birth - *(Month-Date-Year)* |  |
| Hispanic – (Yes – No) |  |
| Ethnicity |  |
| Gender Identity - *(At Intake)* |  |

INSTRUCTIONS: STEP 2

Follow the rules outlined below to create the participant’s unique identifier in the boxes below.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  | |  |  | |  |
| 1. | 2. | 3.  *(first digit)* | 3.  *(second digit)* | | 4.  *(first digit)* | 4.  *(second digit)* | | 5. |
| RULE | | | | *Example Information* | | | *CODE Input* | |
| 1. Last two-digit Year of Birth | | | | 1981 | | | 81 | |
| 1. Two-digit Day of Birth | | | | 03 | | | 03 | |
| 1. First two letters of city of birth | | | | Da | | | Da | |
| 1. First two letters of last name | | | | Le | | | Le | |
| *Example* FINAL CODE: 8013DALE | | | | | | | | |

*This document should not to be copied, reproduced, or shared in any way without the client’s written permission and in accordance with [Organization/Project Name] policies.*