

INSTRUCTIONS FOR COMPLETION (PR-2)

Prevention programs providing Counseling services are required to complete and submit this form to the Division of Substance Abuse Services on a monthly basis.

This form should be completed using the Initial Interview/Crisis Contact-Admission-Termination Form(s) (PR-4) as a basis for compiling information.

- Item 1-7 -** Self-Explanatory.
- Item 8 -** List ID Numbers for each participant who was admitted or terminated from the program during the report month.
- Item 9 -** Place an "X" in the appropriate box.
- Item 10 -** Enter the date of transaction.
- Item 11 -** Enter the appropriate PRU number.
- Item 12-14 -** Self-Explanatory.
- Item 15 -** Three reasons for admission may be entered ONLY if substance use/abuse (a) is identified as a reason for admission. Otherwise, enter the one or two most important reasons for admission from those listed in letters (b) thru (g) below.

Substance Use/Abuse*	(a)	Family Problems	(e)
Truancy/Attendance Problems	(b)	Personal Problems (anxiety, peer pressure, poor self-image, etc.)	(f)
Maladaptive Behavior	(c)	Other	(g)
Academic Problem	(d)		

- Item 16 -** Enter the appropriate code letter for the reason for termination/referral, as follows:

Services Completed	(A)	End of School/Graduation	(D)
Participant Withdrew/Dropped	(B)	No Contact for 1 Month	(E)
Out of School		Participant Moved	(F)
Referred	(C)	Other	(G)

- Item 17 -** Using the participant's problems/reasons for admission (letter code in Item 15) assess the participant's status at termination as: Improved (1) or No Improvement (2). **THE ORIGINAL REASON(S) FOR ADMISSION MUST BE ASSESSED. IF A BLOCK WAS LEFT BLANK AT ADMISSION, AN ADDITIONAL REASON MAY BE ASSESSED AT TERMINATION. IF SUBSTANCE USE OR ABUSE IS IDENTIFIED AFTER ADMISSION, THAT USE/ABUSE MUST BE ASSESSED AT TERMINATION.**

Example: Services provided for family problems (letter e) have improved (number 1) communication between family members.

Please print or type all responses. The completed form must be postmarked by the 7th of each month following the report month.

Retain pink copy. Send white original to DSAS Bureau of Management Information and Analysis, P.O. Box 8200, Albany NY 12203 and yellow copy to Local Designated Agency, if applicable.

*In school based programs, alcohol use/abuse is covered under this reason for admission.