

INSTRUCTIONS FOR COMPLETION (PR-1)

All providers of prevention programs which offer Counseling Services are required to submit this form to the Office of Alcoholism and Substance Abuse Services (OASAS) on a monthly basis, regardless of whether there is any admission or termination activity. Complete as follows:

Heading (Items 1-6): Self explanatory.

Program Reporting Unit Name and Location: Enter each program site and its address in the column under this heading.

PRU Number: Enter the appropriate PRU number assigned by OASAS for each site.

Beginning of Month Census: Enter the total number of participants who were receiving services at the beginning of the report period. Participants who received services at two sites should be counted at one site only.

Admissions: Enter the total number of participants who were admitted for services at each site during the month.

Terminations: Enter the total number of participants who were terminated at each site during the month reported.

End of Month Census: Enter the total number of participants who are counted as active on the last day of the reported month.

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

Distribute copies as follows:

White (Original): OASAS
 Client Information Services
 1450 Western Avenue
 Albany, NY 12203 - 3526

Yellow: Local Designated Agency, if applicable

Pink: Retain for provider files.