NY - NIATx-200 Worksheet - Feeder Form

Provider Name: | **Provider #:** | **Page ____ of _____**

Program Name: | **Program #:**

	Provider Client ID	Sex	Birth Date (mm/dd/yyyy)	Last 4 SSN	First Two Chars. of Client Last Name	1st Request for Service Date (mm/dd/yyyy)	Previous Discharge Date	Did Client show for first appt? (Yes or No)	1st Assessment Date	2nd Assessment Date If applicable	Assessment Disposition Admitted Referred Other Not completed Transferred in	Admission Date	2nd Date of Service	3rd Date of Service	4th Date of Service	Discharge Date	Discharge Status All Goals Met Half or more goals met Not Complete: Max Not Complete: Some Not Complete: No goals Transferred Out	Completion Status In Process Done Missing/ Unavailable	Flex Item 1	Flex Item 2
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