

NYS OFFICE OF ALCOHOLISM AND SUBSTANCE ABUSE SERVICES  
**MONTHLY PRU SERVICE DELIVERY REPORT**  
**Programs Reporting Visits**

Provider ID No.	PRU Number	Provider/PRU Name	Report Month/Year
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SECTION			Primary Clients	Significant Others	Other Persons
<b>Census and Waiting List Information</b>  (Calculated by Application)	V1	Number in Treatment – Beginning of Month			
	V2	Number Admitted/Transferred to this PRU – This Month			
	V3	Number Discharged/Transferred from this PRU – This Month			
	V4	Number in Treatment – End of Month			
	V5	Total Applicants on Waiting List – End of Month			
	<b>Unique Persons Treated</b>	V6	Unique Persons Treated – This Month		
<b>Visits</b> <i>(Programs with additional locations must also report visits for each additional location.)</i>	V7	Brief Visits: 15 minutes – < 30 minutes			
	V8	Treatment Visits: 30 minutes – < 2 hours			
	V9	Treatment Visits: 2 hours – < 4 hours			
	V10	Treatment Visits: 4 hours or more			
<b>Staffing Resources</b>			<b>Total Direct Care Staff FTEs</b>	<b>Primary Counselor FTEs</b>	<b>Other Direct Care FTEs</b>
	V11	Direct Care Staff on Payroll – End of Month			
	V12	Direct Care Staff Vacancies – End of Month			

**Outpatient and Methadone Programs Only (CRISIS PROGRAMS COMPLETE V13 ONLY)**

SECTION			Primary Clients	Significant Others	Other Persons				
<b>Assessments Completed and Assessment Visits</b>	V13	Assessments Completed – This Month							
	V14	Assessment Visits							
<b>Medication Visits (Methadone Programs Only)</b>	V15	Medication Visits							
<b>Counseling Sessions</b>			<b>All Clients</b>						
	V16	Number of Individual Counseling Sessions Provided by Primary Counselors (30 minutes or more in length)							
	V17	Number of Group Counseling Sessions Provided by Primary Counselors (30 minutes or more in length)							
	V18	Number of Family/Couples Counseling Sessions Provided by Any Direct Care Staff (30 minutes or more in length)							
<b>Employment/ Vocational Status</b> <i>(*=Completed only by programs with OASAS-funded vocational counselors or vocational service contractor.)</i>			<b>Employment</b>				<b>Status Unavailable</b>		
			<b>Work-Related Activities</b>		<b>* Work-Readiness Status</b>			<b>New</b>	
		<b>New</b>	<b>Total</b>	<b>New</b>	<b>Total</b>	<b>30-59 Days</b>	<b>60-89 Days</b>	<b>*90-119 Days</b>	
	V19	Employment/Vocational Status – based upon number in treatment—end of Month, Primary Clients							

Section		Additional Location Address	Total Visits
Visits for Additional Locations	V20		
	V20		