

NYS OFFICE OF ALCOHOLISM AND SUBSTANCE ABUSE SERVICES
MONTHLY PRU SERVICE DELIVERY REPORT
Crisis Services Programs

Provider No.	PRU Number	Provider/PRU Name	Report Month/Year
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Section	Monthly Activity		Total	
			All Clients	
CENSUS INFORMATION	Number in Treatment – Beginning of Month	C1		
	Number Admitted/Transferred to this PRU – This Month	C2		
	Number Discharged/Transferred from this PRU – This Month	C3		
	Number in Treatment – End of Month	C4		
PRIMARY SERVICE ACTIVITY	Patient Days (Inpatient/Residential)	C5		
	Visits (Ambulatory)	C6		
MEDICALLY MANAGED DETOXIFICATION	Number of Days in Observation Beds	C7		
	Number of Days in Medically Managed Detox Beds	C8		
	Number of Days in Medically Supervised Withdrawal Beds	C9		
STAFFING RESOURCES			Total Direct Care FTEs	Primary Counselor FTEs
	Direct Care Staff on Payroll – End of Month	C10		
	Direct Care Staff Vacancies – End of Month	C11		
	Total Direct Care Staff Positions – End of Month	C12		