NYS Office of Alcoholism and Substance Abuse Services
Waiting List Applicant Data Report*

Provider Number __ __ __ __ __   **Program Number** __ __ __ __ __

Fill out for both placement and removal					Fill out for placement		Fill out for removal
Client ID (Do not use name or SS)	**Sex**	**Birth Date** (_ _/_ _/_ _ _ _)	**Last 4 SSN**	**Last Name First 2 Letters**	**Required Information for Waiting List Placement**	**Transaction Date**	**Removal Reason**
	☐ Male ☐ Female				Receiving Treatment: ☐Y ☐ N Pregnant: ☐Y ☐ N Injector: ☐Y ☐ N MICA: ☐Y ☐ N Zip Code of Residence: __ __ __ __ __ County of Residence: _____	Placement: __ __/__ __/__ __ Removal __ __/__ __/__ __	☐ Admitted to another program within provider ☐ Admitted to another chem. dependence program ☐ Admitted to another type of program ☐ Refused treatment ☐ Lost to contact ☐ Other
	☐ Male ☐ Female				Receiving Treatment: ☐Y ☐ N Pregnant: ☐Y ☐ N Injector: ☐Y ☐ N MICA: ☐Y ☐ N Zip Code of Residence: __ __ __ __ __ County of Residence: _____	Placement: __ __/__ __/__ __ Removal __ __/__ __/__ __	☐ Admitted to another program within provider ☐ Admitted to another chem. dependence program ☐ Admitted to another type of program ☐ Refused treatment ☐ Lost to contact ☐ Other
	☐ Male ☐ Female				Receiving Treatment: ☐Y ☐ N Pregnant: ☐Y ☐ N Injector: ☐Y ☐ N MICA: ☐Y ☐ N Zip Code of Residence: __ __ __ __ __ County of Residence_____	**Placement:** __ __/__ __/__ __ **Removal** __ __/__ __/__ __	☐ Admitted to another program within provider ☐ Admitted to another chem. dependence program ☐ Admitted to another type of program ☐ Refused treatment ☐ Lost to contact ☐ Other
	☐ Male ☐ Female				Receiving Treatment: ☐Y ☐ N Pregnant: ☐Y ☐ N Injector: ☐Y ☐ N MICA: ☐Y ☐ N Zip Code of Residence: __ __ __ __ __ County of Residence: _____	**Placement:** __ __/__ __/__ __ **Removal** __ __/__ __/__ __	☐ Admitted to another program within provider ☐ Admitted to another chem. dependence program ☐ Admitted to another type of program ☐ Refused treatment ☐ Lost to contact ☐ Other
	☐ Male ☐ Female				Receiving Treatment: ☐Y ☐ N Pregnant: ☐Y ☐ N Injector: ☐Y ☐ N MICA: ☐Y ☐ N Zip Code of Residence: __ __ __ __ __ County of Residence: _____	**Placement:** __ __/__ __/__ __ **Removal** __ __/__ __/__ __	☐ Admitted to another program within provider ☐ Admitted to another chem. dependence program ☐ Admitted to another type of program ☐ Refused treatment ☐ Lost to contact ☐ Other

*Please Note: Both placement and removal transactions for an applicant may be entered online at the same time.

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