

**NYS Office of Alcoholism and Substance Abuse Services  
CLIENT ADMISSION REPORT INSTRUCTIONS (PAS-44N)  
FOR ADMISSIONS DATED 2/1/2016 AND BEYOND**

*These instructions are for the purpose of completing the PAS-44N form only.  
They do not supersede or replace existing regulations.*

**PROVIDER IDENTIFICATION NUMBER**

Enter the five-digit provider number assigned by OASAS that identifies the treatment service provider.

**PROGRAM NUMBER**

Enter the five-digit number assigned by OASAS which identifies the PRU (Program Reporting Unit) the client is being admitted to.

**CLIENT ID INFORMATION**

**PROVIDER CLIENT ID NUMBER**

The client identification number selected by the program may contain a maximum of 10 alpha-numeric digits. The number may be entered using any of the available 10 spaces. Do not use the client's social security number as the client ID number.

(Note: Provider Client ID Numbers are not used for data analysis by OASAS and are for provider use only. Previous CDS versions required that the identical Provider Client ID Number be used for every subsequent admission. For version 5 (10/1/2014), this is no longer true. Providers will not be limited to how they assign these ID numbers. When searching Client Management to enter a new transaction, programs should ensure they are pulling up the record they want. It may be better to search using part of the client's tracking ID to ensure accuracy.)

**For all methadone clients, the identification number assigned by the NYS Methadone Central Registry must be used.** All methadone clients who are new admissions or readmissions will be randomly assigned an ID number. Beginning with version 5 (10/1/2014) it will no longer be necessary to go back and correct the Provider Client ID for a previous admission.

**SPECIAL PROJECT CODE**

This item should be left blank unless a code has been approved and issued by OASAS for a special project in which the program is participating.

**SEX (at birth)**

Enter gender, Male or Female, as documented on birth certificate. If the client is transsexual, use the gender that was recorded at time of birth.

**BIRTH DATE**

Enter two digits each for the month and day and four digits for the year of birth (e.g., March 8, 1948 would be 03/08/1948).

**LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER**

Enter the last four digits of the **client's** Social Security number (SSN), as assigned by the Social Security Administration. In the event that the client does not have an SSN, enter 0000. If another person is providing insurance coverage, be sure to use the client's SSN, not the SSN of the insured. Please be sure that the numbers are entered in the correct order. These numbers are critical to OASAS' ability to track clients as they move through the treatment system.

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**FIRST TWO LETTERS OF LAST NAME AT BIRTH**

Enter the first two letters of the client's last name at **birth** (Smith = SM, O'Brien = OB). For clients who have changed their last name, use their BIRTH name (e.g., Maiden Name).

**FIRST TWO LETTERS OF LAST NAME CURRENT**

Enter the first two letters of the client's current last name (Smith = SM, O'Brien = OB). Having both the first two letters of the client's last name at birth and the first two letters of the client's current last name (if different) will increase OASAS' ability to correctly track the client as he/she moves through the treatment system.

**ADMISSION DATE**

For **ambulatory programs**, the Admission Date is the date of the first treatment or clinical service following the decision to admit the client. This may be the first counseling session, a medical visit or a visit to collect information for the comprehensive evaluation. It **is not** the day the admission decision is made unless the client receives a treatment service on the same day that the admission decision is made. For example, if a program completes an assessment on March 1, makes the decision to admit the client in a case conference on March 3 and the client shows up for his/her first group counseling session on March 6, the admission date is March 6. An admission date of March 6, 2014, would be entered as 03/06/2014. For purposes of reporting, a client may not be admitted more than once in a calendar day.

For **residential/inpatient programs**, the Admission Date is the date of the first overnight stay (i.e., the date that the client first sleeps in a program bed) following at least a preliminary determination that the individual appears to be in need of residential/inpatient chemical dependence services. In most cases, the determination is made that the individual is appropriate for this level of care prior to an overnight stay. In some cases, this decision is made on the same day of the overnight stay. In relatively rare circumstances, the individual may receive a preliminary determination, stay overnight, with the level of care determination completed the next day.

Example 1: An individual arrives at an inpatient program for a scheduled interview on March 1 and a level of care determination is completed on that date. The intake counselor meets with the admission team on March 4<sup>th</sup> to make his/her recommendations. The team agrees to admit the individual who is contacted and told to come the next day to be admitted. The individual arrives on March 5, receives orientation and is assigned to a bed. The program enters March 5 as the Admission Date on the PAS-44N.

Example 2: An individual arrives at a community residence late in the day of March 1. A staff member briefly interviews the individual and determines that he/she appears appropriate for admission. The individual has dinner and is assigned to a bed. The next day, March 2, a complete level of care determination is made and the individual is confirmed to be appropriate for admission. The program enters March 1 as the Admission Date on the PAS-44N.

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**TRS-61 IDENTIFYING INFORMATION (ID)**

**Authorization for Release of Behavioral Health Information**

The new data items that are addressed by this authorization of disclosure were added to the data collected by OASAS to assist OASAS in implementing Governor Cuomo's Medicaid Redesign initiative and to comply with mandatory federal reporting requirements. Clients should be offered the opportunity to sign the *Authorization for Release of Behavioral Health Information Form (TRS-61)* at the time of admission or, if admitted prior to October 1, 2014 and participating in an Opioid Treatment Program, at the completion of the Opioid Treatment Annual Update. The client should be aware that signing or refusing to sign the consent form does not impact admission disposition. A client can sign the consent form at any time during their treatment episode with the knowledge that it allows consent of the data for the entire treatment episode, from admission through discharge and is valid for three years following the last date of service. Clients have the right to revoke this consent at any time. OASAS will not re-disclose any information. Please see the document titled *Guidance for Using the Authorization for Release of Behavioral Health Information (TRS-61)* for further information.

**ID Consent Date**

This is the date that the client signed the *Authorization for Release of Behavioral Health Information Form (TRS-61)*. Enter two digits for the month, two digits for the day, and four digits for the year. For example, if the client signed this form on January 5, 2015, it would be entered as 01/05/2015. The date may be prior to the date of admission. The date of signature cannot be a future date. If the client signs and dates the TRS-61, the following data items may be entered: Last Name (Birth), Last Name (Current), First Name, and Medicaid Client ID. If a date has been entered in the ID Consent Date field, then, at a minimum, the client's Last Name at Birth and Current Last Name are required.

**ID Consent Revoke Date**

This date is not required but if entered, it must be ON or AFTER the ID Consent Date. Enter two digits for the month, two digits for the day, and four digits for the year, such as 09/25/2014.

**Last Name (Birth Name)**

Enter the letters of client's full last name as recorded at birth. This item is required if a date has been entered in ID Consent Date.

**Last Name (Current Name)**

Enter the letters of client's current full last name. This item is required if a date has been entered in ID Consent Date.

**First Name**

Enter the letters of the client's full first name.

**Medicaid Client ID**

Enter the client's full Medicaid Client ID. This is usually two letters followed by five numeric digits and ending with one letter.

**Social Security Number**

Enter the client's full nine-digit Social Security number. The full Social Security number should only be entered if, in addition to signing and dating the TRS-61, the client also initialed

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the section allowing disclosure of Social Security number to OASAS.

**TRS-49 CRIMINAL JUSTICE (CJ)**

**CDS Changes resulting from DRUG LAW REFORM (DLR)**

Discussions with New York State criminal justice agencies following the passing of Drug Law Reform (DLR) have made it necessary for OASAS to make changes in the CDS. Commencing on October 7, 2009, programs assessing clients referred from the New York State criminal justice system will be receiving a signed consent form (TRS-49) from the referring criminal justice entity. This consent form will contain a New York State ID (NYSID) assigned by the Division of Criminal Justice Services (DCJS) and the date that the consent was initiated. This consent permits OASAS to share client data with the criminal justice agencies identified on the consent form in compliance with federal confidentiality requirements (42 CFR). In addition, the TRS-49 permits communication concerning the client between and among the treatment program and the referring criminal justice entity. The consent form is to be used for all clients who agree to enter treatment as an alternative to incarceration or as a condition of supervision or release from custody.

Programs should require the referring criminal justice entity to fax a copy of the signed consent form when an assessment session is requested. If the decision is made to admit the client, the NYSID and the consent date should be entered into the PAS-44N. If at this time, the program has not yet received a copy of the signed consent form, staff should contact the referring criminal justice entity and request that the information be provided electronically (i.e., fax or e-mail) or by telephone. If the information is obtained by telephone, a note indicating such should be entered into the client record. A copy of the TRS-49 must ultimately be received and placed in the client record. Programs experiencing difficulty in obtaining copies of the signed consent form from referring criminal justice entities, should inform their local OASAS Field Office.

If, at any time in the future, a client informs the program that he/she wishes to revoke their consent, the program is required to edit the PAS-44N and enter the date of consent revocation. It is not anticipated that this will be a common occurrence.

New York State parole and probation agencies, district attorneys and the court system will be using the consent form for all substance abuse treatment referrals on and after October 7, 2009. However, not all referrals from criminal justice system entities will require TRS-49 Consent Forms (and thus not require entry of the NYSID or Date of Consent). If, for example, a client is referred by a federal criminal justice agency, a TRS-49 consent form is not required.

**NYSID**

The New York State ID (NYSID) is an alpha/numeric field consisting of eight digits and one capital letter and is located on the top, left hand side of the consent form. It is assigned to persons by DCJS and is linked to fingerprints. The NYSID is permanently assigned to an individual. The NYSID will be obtained from the signed TRS-49 Consent Form and must be entered into the PAS-44N for every client admitted for whom the program received a TRS-49. If, for some reason, this information is not yet available when the client's PAS-44N is created, the program should update the admission transaction/PAS-44N via the Client Management function available in the Client Data System to enter the data once the information is obtained. This information is crucial to OASAS' ability to work with NYS criminal justice agencies and comply with DLR

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requirements to evaluate the effectiveness of this initiative. There are edit checks built into the PAS-44N that determine if the NYSID entered into the system meets basic NYSID logic requirements. If the CDS rejects the NYSID entered, contact the referring criminal justice entity to obtain the correct NYSID.

**CJ Consent Date**

The CJ Consent Date is the date that the client signed the CJ Consent Form (TRS-49). It is found on the bottom, left hand side of the form. The date must be prior to the date of admission (but not more than 180 days prior) and after the client's date of birth.

**CJ Consent Revoke Date**

There are only two conditions for which a client is permitted to revoke their CJ Consent (TRS-49):

1. They have been arrested following the date of consent.
2. They are no longer under the authority of the referring CJ entity (e.g., court, Parole, Probation, District Attorney).

If either of these conditions are not met, you cannot enter a Revoke Date.

In the unlikely event that, after the client is admitted and the PAS-44N has been submitted to OASAS, the client informs the program that he/she is choosing to revoke the consent granted on the CJ Consent Form (TRS-49), and they meet at least one of the above conditions, programs must edit the submitted PAS-44N. The only change required is the entering of the revocation date into the CJ Consent Revocation Date field.

**NUMBER OF ASSESSMENT VISITS OR DAYS**

Enter the actual number of visits or days spent conducting an assessment prior to treatment. For ambulatory programs there is a maximum of three (3) visits, for inpatient programs a maximum of one (1) day, and for residential programs a maximum of one (1) day.

An **assessment visit** is a visit to an ambulatory program occurring prior to, or on the same day as, (1) an admission for treatment services, (2) referral to another provider for chemical dependency treatment, or (3) another disposition or termination of the assessment process.

An **assessment day**, for an inpatient/residential program, is any day, or part of a day, spent by an individual as an inpatient or resident being assessed to determine his/her need for inpatient or residential treatment, prior to actually receiving treatment services.

*If no assessment visits or assessment days were provided, enter "0."*

**SIGNIFICANT OTHER**

Enter one of the following:

**Yes** - The client is being admitted as a Significant Other; not for treatment of their own alcohol or substance abuse problems.

**No** - The client is being admitted for treatment of their own alcohol or substance abuse problems, not as a Significant Other.

*"Significant Other" means an individual who is related to, a close friend of, associated with,*

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*or directly affected by, a chemically dependent person. Chemical dependence treatment should include services to the significant others of those who are chemically dependent or abusing, in recognition that addiction has a significant negative impact on such individuals. Significant Others may be admitted to the chemical dependence service as individuals, regardless of whether the addicted person is in treatment, or the Significant Other may be treated as part of a family. **If a person is experiencing problems with alcohol or substances requiring treatment, he/she should not be admitted as a Significant Other.***

**By regulation, chemical dependence outpatient programs (Part 822) are permitted to admit Significant Others for treatment services.**

## **DEMOGRAPHICS**

### **Sexual Orientation and Gender Identity questions**

The 2011 Institute of Medicine (IOM) Report, the IOM noted that lesbian, gay, bisexual, and transgender (LGBT) individuals experience unique health disparities, but the existing body of evidence related to LGBT is sparse. The following questions are included to collect this needed information. Gender identity is separate from sexual orientation, and transgender individuals may identify as lesbian, gay, bisexual, or straight. To obtain accurate health information on LGBT populations, both sexual orientation and gender identity will be measured. OASAS will utilize this information, along with other aggregate data, to ensure its programs and services are meeting clients' needs. (Please see the attached addendum *Updating the OASAS Client Data System to Include Sexual Orientation and Gender Identity FAQ* for further information regarding the purpose of gathering this demographic information.)

Clients should be assured that this information will be kept confidential. During the intake process (or at any other time when clients are asked to disclose personal information), provider staff professionals should clearly explain how a client's information may be used or shared within the provider as well as the provider's confidentiality policies and practices for personal information.

### **Sexual Orientation**

Sexual orientation is a person's primary physical, romantic, and/or emotional attraction to members of the same and/or opposite sex. Enter the client's sexual orientation as self-disclosed.

**Straight** Used when a person's primary physical, romantic, and/or emotional attraction is to someone of the opposite sex. Also referred to as heterosexual.

**Gay** Used to describe a person, although generally referring to a male, who has a primary physical, romantic, and/or emotional attraction to someone of the same sex.

**Lesbian** Used when a woman's primary physical, romantic, and/or emotional attraction is to other women.

**Bisexual** Used to describe an individual who is physically, romantically, and/or emotionally attracted to both men and women. "Bisexual" does not suggest having equal sexual experience with both men and women.

**Don't Know/Not Sure** Select this option if the client is unsure or undecided.

**Didn't Answer** Select this option if the client does not want to answer this question.

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**Gender Identity**

Gender identity refers to the client's inner sense of being male or female which may or may not correspond to the client's physical body or designated gender at birth.

**Not transgender** A person identifies with the same gender as gender at birth.

**Transgender-male to female** A person born into a male body, but who feels or lives as a female.

**Transgender-female to male** A person born into a female body, but who feels or lives as a male.

**Transgender-not male or female** A person who identifies as transgender, but who may not identify as male or female.

**Don't Know/Not Sure** Select this option if the client is unsure or undecided.

**Didn't Answer** Select this option if the client does not want to answer this question.

**RACE**

Based on staff observation and/or client self-identification, enter the appropriate race. If the client is racially mixed, enter the race with which he/she identifies.

**Alaska Native (Aleut, Eskimo, Indian)**

A person having origins in any of the native people of Alaska.

**American Indian (Other than Alaska Native)**

A person having origins in any of the original peoples of North America and South America (including Central America) and who maintains cultural identification through tribal affiliation or community attachment.

**Asian**

A person having origins in any of the original people of the Far East, Indian Subcontinent, Southeast Asia, including Cambodia, China, India, Japan, Korea, Malaysia, Philippine Islands, Thailand and Vietnam.

**Black or African American**

A person having origins in any of the black racial groups of Africa.

**Native Hawaiian or Other Pacific Islander**

A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

**White**

A Caucasian person having origins in any of the people of Europe (including Portugal), North Africa, or the Middle East.

**Other**

A category for use when the client is not classified above, where the client does not identify with any one particular racial group, or whose origin group, because of area custom, is regarded as a racial class distinct from the above categories.

**HISPANIC ORIGIN**

Indicate the most appropriate origin.

**Cuban**

A person of Cuban origin, regardless of race.

**Mexican**

A person of Mexican origin, regardless of race.

**Puerto Rican**

A person of Puerto Rican origin, regardless of race.

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**Other Hispanic**

A person from Central or South America, including the Dominican Republic, and all other Spanish cultures and origins (including Spain), regardless of race.

**Hispanic, Not Specified**

A person of Hispanic origin, but specific origin is not known, not specified, or a person who does not identify with a specific Hispanic origin.

**Not of Hispanic Origin**

A person whose origin is not Hispanic and is not included in the five categories above or a person who does not identify with a Hispanic origin.

**PRIMARY LANGUAGE**

Enter the primary language of the client with which he/she prefers to communicate. The following list is not all inclusive. If the client prefers a specific language not listed, check "other."

<b>Arabic</b>	<b>Japanese</b>
<b>Chinese</b>	<b>Portuguese</b>
<b>English</b>	<b>Russian</b>
<b>French</b>	<b>Sign Language</b>
<b>Greek</b>	<b>Spanish</b>
<b>Hindi</b>	<b>Other</b>

**VETERAN STATUS**

Enter **Yes** or **No**.

A veteran is any person who has served on active duty in the armed forces of the United States, including the Coast Guard. Not counted as veterans are those whose only service was in the Reserves, National Guard or Merchant Marines and were never activated. For purposes of reporting, "veteran" does not in any way reflect the type of military discharge received.

**U.S. MILITARY STATUS**

Enter the status that most accurately reflects the client's current military participation. **If the client has no current military status, skip this item.**

**Active Duty**

A person who is currently in active status in any of the U.S. Military's armed forces and is not a member of the Reserves or National Guard.

**Reserves/National Guard**

A person who is a member of any of the U.S. Military's Reserve or National Guard forces and who is not currently in active status.

**Both Active Duty and Reserves/National Guard**

A person who is a member of any of the U.S. Military's Reserves or National Guard and is currently on active duty.

**ZIP CODE OF RESIDENCE**

Enter the five-digit zip code for the client's county of residence. If the client is homeless and does not live in a shelter, use the program's zip code. If the client is homeless and lives in a shelter, use the shelter's zip code. **For Canada use 88888**. If the client is not homeless and coming to your program directly from an inpatient or residential facility (chemical dependence

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or otherwise), enter the zip code of the client's residence prior to the first inpatient or residential admission in the sequence (i.e., where the client lived in the community prior to entering treatment).

**COUNTY OF RESIDENCE**

From the drop down list, click on the NY county code or the values for any of the listed border states. If the zip code for Canada was entered (88888), click on "**Canada.**" If the client's zip code is outside of these geographic areas, the user should click on "**Other**" from the drop down list. If the client is not homeless and coming to your program directly from an inpatient or residential facility (chemical dependence or otherwise), enter the county of the client's residence prior to the first inpatient or residential admission in the sequence (i.e., where the client lived in the community prior to entering treatment). County of residence must match the zip code entered or an error message will be displayed. Do not enter the incorrect county. If necessary, first correct the zip code.

<b>Connecticut</b>	<b>CT</b>
<b>New Jersey</b>	<b>NJ</b>
<b>Pennsylvania</b>	<b>PA</b>
<b>Massachusetts</b>	<b>MA</b>
<b>Vermont</b>	<b>VT</b>
<b>Other</b>	<b>OTHER</b>
<b>Canada</b>	<b>CANADA</b>

**TYPE OF RESIDENCE**

Enter the category that best describes the client's type of residence at the time of admission except when a client is admitted directly from a chemical dependence or other inpatient or residential facility. In such cases, report the type of residence immediately prior to the first episode of treatment in the sequence (i.e., where the client lived in the community prior to entering treatment).

**Private Residence**

**Homeless: shelter** Includes a person or family who is undomiciled, has no fixed address, lacks a regular night time residence, and is residing in some type of temporary accommodation (i.e., hotel, shelter, residential program for the victims of domestic violence).

**Homeless: no shelter, or circulates among acquaintances** Includes a person or family who is undomiciled, has no fixed address, lacks a regular night time residence, and circulates among acquaintances or is residing in a place not designed or originally used as a regular sleeping accommodation for human beings.

**Single Resident Occupancy** Hotel, rooming house, adult home, or residence for adults.

**CD Community Residence**

**CD Supportive Living**

**MH/MRDD Community Residence**

**Other Group Residential setting** Other Group Residential may include group homes, supervised apartments, college housing or military barracks.

**Institution, Other than above** (e.g., jail, hospital)

**Other**

**LIVING ARRANGEMENTS**

Enter the client's living arrangements at the time of admission. If the client is not

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homeless and coming to your program directly from an inpatient or residential facility (chemical dependence or otherwise), enter the client's living arrangements prior to the first inpatient or residential admission in the sequence (i.e., where the client lived in the community prior to entering treatment). If the client was in jail or prison and is being admitted directly into inpatient or residential treatment, select "living with non-related person."

**Living Alone**

**Living with Non-Related Persons**

**Living with Spouse/Relatives**

**PRINCIPAL REFERRAL SOURCE**

Indicate the agency, individual, or legal entity that referred the client. If the client can be included under more than one, choose the category that represents the agency, individual or legal situation most responsible for the client seeking treatment in this program. In most cases, if a client was referred from a criminal justice entity on or after October 7, 2009, the program should have received a signed criminal justice consent form (TRS-49) that identifies the referring entity in the top, right hand side of the form. The program should check the matching TRS-49 referral code listed under Principal Referral Source (located in the Criminal Justice Services section on the PAS-44N feeder form). If the client is currently involved with the criminal justice system and initially indicates "Self-Referral," probe to determine if the referral source may be more appropriately categorized using one of the criminal justice codes. If the client, in actuality, has been referred to treatment as an alternative to incarceration, or as a condition of supervision of release from custody, a TRS-49 form should be obtained from the referring criminal justice entity.

Criminal Justice Services

**District Attorney** A direct referral from a District Attorney which should be accompanied by a TRS-49.

**Drug Court** A direct referral from a court (in the vast majority of cases, a drug court) which should be accompanied by a TRS-49.

**Probation** A direct referral from a county Probation Department which should be accompanied by a TRS-49.

**Parole General** A direct referral from the New York State Division of Parole which should be accompanied by a TRS-49.

**Parole Release Shock** A direct referral from the New York State Division of Parole which should be accompanied by a TRS-49. The client is coming to the program after completing a shock program.

**Parole Release Willard** A direct referral from the New York State Division of Parole which should be accompanied by a TRS-49. The client is coming to the program after completing the Willard program.

**Parole Release Resentence** A direct referral from the New York State Division of Parole which should be accompanied by a TRS-49 for a drug offender who was resentenced.

**Parole Release Resentence** A direct referral from the New York State Division of Parole which should be accompanied by a TRS-49 for a drug offender who was resentenced.

**Drinking Driver Referral** A direct referral from the Department of Motor Vehicles' Drinking Driver Program (DDP), or a referral resulting from a specific Driving While Intoxicated (DWI), or Driving While Ability Impaired (DWAI) law enforcement incident (which could involve alcohol and/or drugs). All DWI/DWAI referrals belong in this

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*category regardless of related criminal justice status.*

**Police** A direct referral from a municipal, town, county or state police agency, including the sheriff's department. However, this does not include referrals from jails, which are normally operated by a sheriff, which should be reported using "City/County Jail." In all cases this will be before, or in lieu of, adjudication.

**Family Court** Family Court has jurisdiction over all juvenile cases (under the age of 16), except for juvenile offenders (JOs). It also has jurisdiction over neglect and some domestic violence cases.

**Other Court** This includes town and village, district, New York City criminal justice and federal courts. *It does not include referrals from a drug court or drug treatment court.* Referrals, in this category, will come directly from the court in lieu of sentencing to a jail or prison **and are not** accompanied by a TRS-49.

**Alternatives to Incarceration** A referral made by a criminal justice entity which is not required to provide a TRS-49 consent form (e.g., federal probation), as an alternative to incarceration (e.g., local court, non-drug court, a federal court). *This does not include DWI or DWAI cases which should be reported in "Drinking Driver-Referral."*

**City/County Jail** This would include referrals for detainees and sentenced offenders that are referred by local jail personnel (including personnel working in the jail for other agencies) for treatment provided in the community or jail itself. This does not include the NYS Department of Correctional Services (DOCS).

**NYS Department of Correctional Services** This category is for use only for those offenders that are under the jurisdiction of the State prison system (DOCS), either within the prison or who are receiving treatment off-site, as part of a work release program. *It does not include offenders who are under the jurisdiction of the Division of Parole, such as the Willard Drug Treatment Campus, which should be reported as "DLR Parole Willard Release."*

**Office of Children and Family Services (OCFS)** This category includes all direct referrals of a youth from an OCFS facility or office.

*Self, Family, Other*

**Self-Referral**

**Family, Friends, Other Individuals**

**AA/NA and Other Self-Help**

**HOPEline**

*Chemical Dependence Treatment*

**CD Program in New York State** Excludes VA CD programs located in New York State.

**CD Program Out of State** Excludes VA CD programs located outside of New York State.

**CD VA Program** Includes VA CD programs regardless of location.

**CD Private Practitioner**

*Prevention/Intervention Services*

**School-Based Prevention Program**

**Community-Based Prevention Program**

**Employee Assistance Program**

**Other Prevention/Intervention Program**

*Health Care Services*

**Developmental Disabilities Program**

**Mental Health Provider**

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**Managed Care Provider**  
**Health Care Provider**  
**AIDS Related Services**  
**Physician**  
**Comprehensive Psychiatric Emergency Program (CPEP)**  
**Hospital Emergency Department**  
**TBI Waiver\***

\*The New York State Department of Health (DOH) Traumatic Brain Injury (TBI) waiver program provides services to persons with a TBI. The purpose of the program is to help persons with a TBI live in the community setting of their choice. Medicaid funds the program. For more information on TBI Waivers, visit <https://www.health.ny.gov/publications/1111.pdf>.

Employer/Educational/Special Services

**Employer/Union (Non-EAP)**  
**School (Other than Prevention Program)**  
**Special Services (Homeless/Shelters)**

Social Services

**Local Social Services – Child Protective Services/CWA**

**Local Social Services – Income Maintenance**

**Local Social Services Treatment Mandate/Public Assistance** The referral was made by a local social services district, or an authorized agent acting on its behalf, following an assessment by an OASAS credentialed individual who has determined that the individual's alcohol/substance abuse precludes participation in work at the time of referral and is mandated to treatment as a condition for continued receipt of Public Assistance.

**Local Social Services Treatment Mandate/Medicaid Only** The referral was made by a local social services district, or an authorized agent acting on its behalf, following an assessment by an OASAS credentialed individual who has determined that the individual's alcohol/substance abuse precludes participation in work at the time of referral and is mandated to treatment as a condition for continued receipt of Medicaid.

**Other Social Services Provider**

**Other** Select this code if the source of referral cannot reasonably be reflected by any of the codes above.

**HIGHEST GRADE COMPLETED**

Enter the client's highest grade **completed at the time of admission**. If the client is in a special education class, select the grade that most accurately reflects the client's level of performance.

**No Education**

**01 to Grade 11**– Enter grade completed

**High School Diploma**

**General Equivalency Diploma (GED)**

**Vocational Certificate w/o Diploma/GED** A Vocational Certificate is any certificate received as a result of vocational training or special skill trade.

**Vocational Certificate w/Diploma/GED**

**Some College - No Degree**

**Associates Degree**

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**Bachelors Degree  
Graduate Degree**

**INDIVIDUAL (INDIVIDUALIZED) EDUCATION PLAN (IEP)**

Indicate **Yes** or **No**. Select **Unknown** if this information is not known.

(Note: An IEP is offered for a variety of disabilities not just Mental Retardation/Developmental Disabilities (MR/DD) although MR/DD is usually the largest identified group. Someone could have been diagnosed on an IEP as having an emotional disability which is the term the Education Department uses for young people. A specific DSM VI diagnosis is made when the individual becomes an adult. Other disabilities severe enough to warrant an IEP include: hearing loss, spinal cord injuries, cerebral palsy, muscular dystrophy, traumatic brain injury, visual impairments and severe burns. This status will follow him/her for life and will allow access to the state VR System (formerly VESID) as an adult, and may even support evidence or need for Social Security benefits.)

**EMPLOYMENT STATUS**

Enter the client's employment status at time of admission. If a client can be counted in more than one category, please choose the status which most appropriately indicates his/her status. This is an employment-related item, so the client's work status should be the primary consideration. For example: if an individual is employed part-time and is also a student or a homemaker or a retired person, he/she is part of the labor force and the status should be Employed Part-Time. Active military personnel – status should be Employed Full-Time. Unemployed Looking for Work should only be used if the client has actively sought employment within the last 30 days. **A client working off-the-books is not considered employed.**

**Employed Full-Time (35+ Hrs per Week)**

**Employed Part-Time (<35 Hrs per Week)**

**Employed in Sheltered Workshop**

**Unemployed, In Treatment** The reason that the client is unemployed is that **immediately prior** to this admission, the client was in an inpatient or residential treatment program.

**Unemployed, Looking for Work**

**Unemployed, Not Looking for Work** Programs may use this code for clients who are working off-the-books.

**Not in Labor Force-Child Care**

**Not in Labor Force-Disabled** For public assistance purposes, the client has been assessed as disabled and is not required to work.

**Not in Labor Force-In Training** To be used when a client is unemployed but taking part in a formal training program such as a program via ACCES-VR, Department of Labor, BOCES, etc.

**Not in Labor Force-Inmate** Can be used when the client is in a jail-based or prison-based program or if the client is entering a community-based program immediately after leaving jail or prison.

**Not in Labor Force-Retired**

**Not in Labor Force-Student** Only use if the client is not working part-time or full-time.

**Not in Labor Force-Other**

**Social Services Work Experience Program (WEP)** A specific set of work/work related tasks to which a public assistance recipient is assigned for a specific number of hours per week by a local social services district as a condition for receipt of a public assistance grant and/or related benefit.

**Social Services Determined, Not Employed/Able to Work** The client has been

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assessed by treatment program staff or an OASAS credentialed individual acting on behalf of a local Social Services District as able to engage in work, but is not employed at the time of admission.

**Social Services Determined, Unable To Work, Mandated Treatment** The client has been assessed by an OASAS credentialed individual acting on behalf of a local Social Services District as unable to work and is in treatment as a condition for receiving public assistance.

**PRIMARY SOURCE OF INCOME AT ADMISSION**

Enter the category which corresponds to the primary or major source of income for the client, either currently or in the 30 day period prior to admission. If the client's Employment Status is "Unemployed" or "Not in Labor Force," the primary source of income cannot be "Wages/Salary."

**None**

**Wages/Salary** This category should be used only if it relates to the client's wages/salary. Wages/Salary of the client's spouse/family should be indicated by Family and/or Spouse Contribution.

**Alimony/Child Support**

**Department of Veterans Affairs**

**Family and/or Spouse Contribution**

**SSI/SSDI or SSA**

**Safety Net Assistance**

**Temporary Assistance For Needy Families** TANF provides cash assistance to eligible needy families that include a minor child living with a parent (including families where both parents are in the household), or a caretaker relative.

**Other**

**FAMILY HISTORY**

**MARITAL STATUS**

Enter the current marital status of the client. A person whose only marriage was annulled should be classified as Never Married. A status of Separated includes legal separation as well as informal separations.

**Married**

**Never Married**

**Living as Married**

**Separated**

**Divorced**

**Widowed**

**CHILD OF ALCOHOLIC/SUBSTANCE ABUSER**

Enter the category that best describes the status of the client.

**No**

**Both COA and COSA**

**Child of Alcoholic(s)**

**Child of Substance Abuser(s)**

**NUMBER OF CHILDREN**

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Enter one digit (0-9) to indicate the total number of children (under the age of 19) that the client is legally responsible for, including biological children, stepchildren, adopted children, and foster children. **Use nine (9) if the total number of children exceeds 9.** Although this may result in inaccurate information for a few clients, not having a two-digit field will prevent the vast majority of data entry errors for this item.

**NUMBER OF CHILDREN LIVING WITH CLIENT**

Enter one digit (0-9) to indicate the total number of children that the client is legally responsible for that are living with the client, including biological children, stepchildren, adopted children and foster children. **Use nine (9) if the total number of children exceeds nine.** Although this may result in inaccurate information for a few clients, not having a two-digit field will prevent the vast majority of data entry errors for this item.

**NUMBER OF CHILDREN LIVING IN FOSTER CARE**

Enter one digit (0-9) to indicate the total number of biological and adopted children that the client has in foster care. **Use nine (9) if the total number of children exceeds 9.** Although this may result in inaccurate information for a few clients, not having a two-digit field will prevent the vast majority of data entry errors for this item.

**CASE WITH CHILD PROTECTIVE SERVICES**

Enter **Yes** or **No** whether client has an ACTIVE case with Child Protective Services (CPS). An active CPS case means that the local Department of Social Services, Child Protective Service Division, or in the case of New York City, the NYC Administration for Children's Services, has an open case for one or more of the children associated with this particular parent whether or not the child(ren) has been removed from the household.

**CRIMINAL JUSTICE INFORMATION**

**CRIMINAL JUSTICE STATUS**

Please select the code or codes that reflect the client's criminal justice status at the time of admission (check all that apply). If the client has been referred under the auspices of the Drug Law Reform (DLR) initiative, he/she should not have "None" as a Criminal Justice Status.

**None**

**Probation** The client is under the supervision of any Department of Probation. This must be checked if the program has selected Probation as the Principal Referral Source.

**Parole** The client is under the supervision of the New York State Division of Parole. This must be checked if the program has selected any of the Parole categories as the Principal Referral Source.

**Work Release** The client is currently in the custody of the New York State Department of Correctional Services or a local jail and is participating in a work release program.

**In Prison/Jail** The client is currently in the custody the New York State Department of Correctional Services or a local jail (and **is not** participating in a work release program).

**In OCFS Facility** The client is currently in the custody of the New York State Office of Children and Family Services.

**Charges Pending** The client has criminal charges pending, but has been released into the community awaiting disposition.

**Any Treatment or Specialty Court** The client is participating in Drug Court or other Specialty Court programs. This must be checked if the program has selected Drug Court

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as the Principal Referral Source.

**Other (e.g., District Attorney)** This must be checked if the program has selected District Attorney as the Principal Referral Source.

### **ARRESTS/INCARCERATION**

#### **IS THIS ADMISSION THE RESULT OF AN ALTERNATIVE TO INCARCERATION?**

Indicate whether the client's admission is the result of his/her participation in one of the various alternatives to incarceration programs. Check "yes" for all clients referred with an accompanying TRS-49 form and referred from District Attorneys, Drug Courts, Probation and Parole Release Willard. For all clients referred with an accompanying TRS-49 form and referred from For Parole General, Parole Release Shock, or Parole Release Resentence, select "no".

#### **NO. OF ARRESTS IN PRIOR 30 DAYS**

Enter the number of arrests in the prior 30 days. An arrest should be counted if the client was legally processed and detained.

#### **NO. OF ARRESTS IN PRIOR 6 MONTHS**

Enter the number of arrests in the six months prior to admission. An arrest should be counted if the client was legally processed and detained. Any arrest that the client had in the last 30 days will also be counted here since the last 30 days is part of the last six months.

#### **NO. OF DAYS INCARCERATED IN PRIOR 6 MONTHS**

Enter the number of whole or partial days that the client was remanded (incarcerated) to jail or prison in the six months prior to admission.

### **PROBLEM SUBSTANCES**

At least one, and up to three substances may be identified (primary, secondary, and tertiary). The order should be determined by clinical judgment, history and frequency of use, client's perception, medical issues and problem areas of client functioning with the substance primarily responsible for the client's admission listed first.

#### **TYPE**

**None** Only Significant Others may report none for a primary substance at admission.

**Alcohol**

**Cocaine**

**Crack** Crack is the street name for a more purified form of cocaine that is smoked.

**Marijuana/Hashish** This includes THC and any other cannabis sativa preparations.

**Synthetic Cannabinoids** (e.g. K2/Spice)

**Heroin**

**Buprenorphine**

**Non-Rx Methadone** Methadone obtained and used without a legal prescription.

**OxyContin**

**Other Opiate/Synthetic** This includes Codeine, Dilaudid, Morphine, Demerol, Opium, and any other drug with morphine-like effects.

**Alprazolam (Xanax)**

**Barbiturate** This includes Phenobarbital, Seconal, Nembutal, etc.

**Benzodiazepine** This includes Diazepam, Flurazepam, Chlordiazepoxide, Clorazepate, Lorazepam, Oxazepam, Prazepam, Triazolam, Clonazepam, Klonopin, and Halazepam.

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**Catapres** Clonidine

**Other Sedative/Hypnotic** This includes Methaqualone, Chloral Hydrate, Placidyl, Doriden, etc.

**Elavil**

**GHB**

**Khat**

**Other Tranquilizer**

**Methamphetamine** (e.g., Ice)

**Other Amphetamine** This includes Benzedrine, Dexedrine, Preludin, Ritalin, and any other amines and related drugs.

**Synthetic Stimulant** (e.g. Bath Salts)

**Other Stimulant**

**PCP** (Phencyclidine)

**Ecstasy**

**Other Hallucinogen** This includes LSD, DMT, STP, Mescaline, Psilocybin, Peyote, etc.

**Ephedrine**

**Inhalant** This includes Ether, Glue, Chloroform, Nitrous Oxide, Gasoline, Paint Thinner, etc.

**Ketamine**

**Rohypnol**

**Viagra**

**Over-the-Counter** This includes Aspirin, Cough Syrup, Sominex, and any other legally obtained, non-prescription medicine.

**Other**

*For admission to a methadone program, the primary substance must be Heroin, Buprenorphine, OxyContin, Non-Prescription Methadone, **or** Other Opiate/Synthetic.*

**ROUTE OF ADMINISTRATION**

Enter the usual route of administration for each substance reported.

**Inhalation**

**Injection**

**Oral**

**Smoking**

**Other**

**FREQUENCY OF USE**

Enter the frequency of the client's use of the problem substance during the last 30 days for each substance reported.

**No use in last 30 days**

**1-3 times in last 30 days**

**1-2 times per week**

**3-6 times per week**

**Daily**

**AGE OF FIRST USE**

Enter the age at which each problem substance was first used (use two digits for ages 00-98). For drugs other than alcohol, enter the age of first use. **For alcohol, enter the age of**

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**first intoxication.** If unknown, please estimate the probable age of first use. **Do not enter 99.**

**TREATMENT PLAN**

Select **Yes** if Opioid medications such as methadone or buprenorphine are anticipated to be prescribed by this program for the treatment of the client's addiction to an Opioid. Select **No** in all other instances.

**SELF-HELP (Mutual Assistance)**

**IS THE CLIENT CURRENTLY ATTENDING 12-STEP OR OTHER SELF-HELP GROUP MEETINGS (LAST 30 DAYS)?**

Indicate whether the client has reported that he/she has attended at least one 12-step, self-help or mutual assistance meeting during the 30 days prior to admission.

**TOBACCO**

**HAS THE CLIENT EVER USED TOBACCO (NICOTINE)?**

Indicate whether the client has ever smoked or chewed tobacco in his/her lifetime.

**Enter Yes or No**

**AGE OF FIRST USE**

Enter the age at which the client reports first using tobacco.

**FREQUENCY OF USE (LAST 30 DAYS)**

Enter the frequency of the client's use of tobacco during the last 30 days.

- No use in last 30 days**
- 1-3 times in last 30 days**
- 1-2 times per week**
- 3-6 times per week**
- Daily**

**DATE LAST USED: MONTH and YEAR**

Enter the date (month and year) that the client last used a tobacco product.

**PRIMARY ROUTE OF ADMINISTRATION**

Indicate whether the client usually smokes or chews tobacco. If the client reports using both routes equally, select "Smoking."

**PRIOR TREATMENT EPISODES**

Enter the number of prior chemical dependence/substance abuse/alcohol abuse treatment episodes in the client's lifetime. If the number of prior treatment episodes is greater than 5, enter 5. Although this may result in inaccurate information for a few clients, limiting the highest number to 5 will prevent the vast majority of data entry errors for this item.

**PHYSICAL HEALTH RELATED CONDITIONS**

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Enter **Yes** or **No** for the physical health related conditions that apply.

*Impairment (Hearing, Mobility, Speech, Sight) refers to any condition which renders that body system diminished or less than fully functional. It is understood that many persons cope successfully with physical impairment. **However, if the impairment does or has the potential to interfere with successful treatment within the system, it should be recorded as “Yes.”***

*Other **Major Physical Health Conditions** may include any condition not already noted, that requires regular health care, which may be a complicating factor in successful treatment of the client. This can include AIDS, Tuberculosis and various forms of Hepatitis.*

**Pregnant** (females only)

**Hearing Impairment**

**Mobility Impairment**

**Sight Impairment**

**Speech Impairment**

**Acquired or Traumatic Brain Injury**

**Other Major Physical Health Condition**

**HIV Status**

Select **Known to be Positive** if the client has self reported a positive status or your program has received records indicating a positive status.

Select **Known to be Negative** if the client has self reported a negative status or your program has received records indicating a negative status.

Select **Unknown** if the client has NOT authorized consent to release this information by initialing the “HIV-AIDS Related” section of the *Authorization for Release of Behavioral Health Information TRS-61* or if the client has not reported an HIV status and HIV status has not been indicated in history/client record.

**Hepatitis B Status**

Select **Known to be Positive** if the client has self reported a positive status or your program has received records indicating a positive status.

Select **Known to be Negative** if the client has self reported a negative status or your program has received records indicating a negative status.

Select **Unknown** if the client has not reported a status and status has not been indicated in history.

**Hepatitis C Status**

Select **Known to be Positive** if the client has self reported a positive status or your program has received records indicating a positive status.

Select **Known to be Negative** if the client has self reported a negative status or your program has received records indicating a negative status.

Select **Unknown** if the client has not reported a status and status has not been indicated in history.

**MENTAL HEALTH RELATED CONDITIONS**

Enter **Yes** or **No** to each of the following:

**Mental Retardation/Developmental Disability** Describes a group of disorders, acquired

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before the age of 22, the predominant feature of which is a disturbance in the acquisition of cognitive, language, motor or social skills. If available, the IQ is less than 70.

**Co-existing Psychiatric Disorder** Refers either to a diagnosis of mental illness which is available to the clinician at the time of admission by mental health screen, client report, significant other report, records, or by presenting symptoms which the clinician recognizes as possibly being symptomatic of mental illness. The recognition of symptoms does not constitute a diagnosis on the part of the clinician, but may indicate symptoms which need to be addressed in the treatment plan.

**HISTORY OF MENTAL HEALTH TREATMENT**

Enter **Yes** or **No** to each of the following:

**Ever Treated for Mental Illness** Involves the planned intervention designed to relieve the distress and/or disability associated with mental illness.

**Ever Hospitalized for Mental Illness** Means the admission to some type of hospital or inpatient facility for the treatment of the distress and/or disability associated with mental illness. **If “Yes,” Ever Treated for Mental Illness must be “Yes.”**

**Ever Hospitalized 30 or More Days for Mental Illness** Means the admission to some type of hospital or inpatient facility for the treatment of the distress and/or disability associated with mental illness for 30 or more consecutive days. **If “Yes” is entered, the previous two items must be “Yes.”**

**THE FOLLOWING ITEMS RELATE TO THE SIX-MONTH PERIOD PRIOR TO THIS ADMISSION**

**NUMBER OF DAYS IN INPATIENT DETOX**

Enter the number of days that the client spent in inpatient detoxification during the last six months.

**NUMBER OF EMERGENCY ROOM EPISODES FOR WHICH THE CLIENT RECEIVED TREATMENT**

Enter the number of separate incidences in which the client used emergency room services during the last six months.

**NUMBER OF DAYS THE CLIENT WAS HOSPITALIZED FOR NON-DETOX SERVICES**

Enter the number of days that the client spent in a hospital for other than detoxification services during the last six months.

**IF HOSPITALIZED, PLEASE SPECIFY REASON: MEDICAL, PSYCHIATRIC, OR BOTH**

**GAMBLING**

**DID THE CLIENT SCREEN POSITIVE FOR A GAMBLING PROBLEM?**

Using a formal gambling screening instrument, client report, significant other report or clinical records, indicate whether the client appears to have a gambling problem.

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**ORIENTATION TO CHANGE – For use only by Residential Rehabilitation for Youth Programs Or Other Program Types Participating in Special Projects with OASAS**

Indicate the stage that best reflects the client's stage of change at the time of admission:

**Ambivalent**

The client does not verbalize responsibility for any problems or harm he/she has caused to self, others or property that resulted from his/her substance use or related behavior.

**Change Oriented**

The client actively verbalizes one or more problems or harmful consequences to self, others or property that result from his/her substance use or related behavior. He/she has verbalized no plan, nor taken any action, to address these.

**Planning Change**

The client has formulated and verbalizes at least one of his/her strategies to reduce or discontinue alcohol/drug use, resolve related issues, or support a drug/alcohol free lifestyle. The client is presently taking no observable action to carry out these strategies.

**Active Early Recovery**

In accordance with his/her own planned strategies, the client is engaged in *one or more observable action steps* designed to reduce or discontinue alcohol/drug abuse, resolve related issues, or support a drug/alcohol free lifestyle. Thus far, *no more than one* action step has resulted *in at least partial* measurable goal achievement.

**Ongoing Recovery and Relapse Prevention**

In accordance with his/her own planned strategies, the client is engaged in *two or more observable action steps* designed to discontinue alcohol/drug abuse, resolve related issues, or support a drug/alcohol free lifestyle. Thus far, *at least two* action steps have resulted in *at least partial* measurable goal achievement.

***For Provider Use (Optional) Box***

***Some providers may elect to keep OASAS admission and/or discharge reports signed by the clinician in the client's file. This box may be used for that purpose and is not required by OASAS.***