These instructions are for the purpose of completing the PAS-51N form only. 
They do not supersede or replace existing regulations.

1. **PLACEMENT** – an applicant who has been determined to be eligible for admission into the program but a bed is not available or additional clients cannot be added to counselor caseloads.

2. **REMOVAL** – the applicant has been admitted to treatment or the applicant is no longer interested in, or available to, participate in the program.

### COMPLETE FOR PLACEMENT AND REMOVAL

#### 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) that it is anticipated the client will be admitted to.

#### CLIENT ID INFORMATION

**CLIENT ID**
Enter a Waiting List Client ID consisting of up to 20 alphanumeric characters. Do not use the client’s name or Social Security Number. This ID does not have to be the same Client ID used if the person is admitted.

**SEX (at birth)**
Enter gender, Male or Female, as documented on birth certificate. If 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 a 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.

**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).
COMPLETE FOR PLACEMENT

PREGNANT
Select “Yes” or “No” as to whether the applicant is currently pregnant.

INJECTOR
Select “Yes” or “No” as to whether it has been determined that the applicant injects his/her substance(s) of abuse.

MICA
Select “Yes” or “No” as to whether the applicant currently has, or has a history of, mental illness.

ZIP CODE OF RESIDENCE
Enter the five-digit zip code for the applicant’s county residence. If the applicant is homeless and does not live in a shelter, use the program’s zip code. If the applicant is homeless and lives in a shelter, use the shelter’s zip code. For Canada use “88888.”

COUNTY OF RESIDENCE
From the drop-down list, click on the applicant’s NY county code or the values for any of the listed border states. If the zip code for Canada was entered (“88888”), click on “90 Canada.” If the applicant’s zip code is outside of these geographic areas, the user should click on “80 Other” from the drop-down list.

<table>
<thead>
<tr>
<th>Zip Code</th>
<th>County/State Abbreviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>70</td>
<td>Connecticut (CT)</td>
</tr>
<tr>
<td>71</td>
<td>New Jersey (NJ)</td>
</tr>
<tr>
<td>72</td>
<td>Pennsylvania (PA)</td>
</tr>
<tr>
<td>73</td>
<td>Massachusetts (MA)</td>
</tr>
<tr>
<td>74</td>
<td>Vermont (VT)</td>
</tr>
<tr>
<td>80</td>
<td>Other (OTHER)</td>
</tr>
<tr>
<td>90</td>
<td>Canada (CANADA)</td>
</tr>
</tbody>
</table>

TRANSACTION DATE
This date represents the actual date the client was put on the list or removed from the list.

PLACEMENT
Enter the date that the applicant was placed on the Waiting List (MM/DD/YY).

REASON FOR PLACEMENT
Select from the drop-down list, the reason that most accurately reflects the circumstances leading to the applicant’s placement to the Waiting List.

Insufficient certified capacity. Contacted OASAS RO and unable to refer to another program.

Insufficient staffing (below regulatory requirement). Contacted OASAS RO and unable to refer to another program.
NYS Office of Alcoholism and Substance Abuse Services
WAITING LIST APPLICANT DATA REPORT INSTRUCTIONS (PAS-51N)

Insufficient capacity. Temporary physical plant issue. Contacted OASAS RO and unable to refer to another program.
Client currently in treatment at this level of care, but seeking more convenient treatment site.
Client discharge pending (from another level of CD care)
Client release pending (from a correctional facility)
Other (If Other is selected, a brief explanation is required)

COMPLETE FOR REMOVAL

REMOVAL
Enter the date that the applicant was removed for the Waiting List (MM/DD/YY).

REMOVAL REASON
Select from the drop-down list, the reason that most accurately reflects the circumstances leading to the applicant’s removal from the Waiting List.

Admitted into this program (added by system) *
Admitted into another program within this provider (i.e., another CD treatment program)
Admitted into another chemical dependence treatment program (in another provider)
Admitted into another type of program (a non-CD program)
Refused treatment
Relocated out of area
Incarceration
Lost to contact
Death
Other (If Other is selected, a brief explanation is required)
Admitted into another gambling program (This option cannot be used by CD treatment programs.)

*Note: If client is already on a Waiting List and is admitted into the same program within this provider, the system will automatically remove the applicant from the Waiting List with a removal date.