NYS Office of Addiction Services and Supports

For Use By Part 820 Residential Programs Only

Provider Number _ _ _ _ _   Program Number _ _ _ _ _

Client Information					Transition Information			LOCADTR Information	
Provider Client ID	**Sex (at birth)**	**Birth Date** (_ _/_ _/_ _ _ _)	**Last 4 SSN**	**Last Name First 2 Letters**	**Transaction Date** (_ _/_ _/_ _ _ _)	**To Element of Care**	**To Reintegration Setting**	**Assessment ID**	**Created Date** (_ _/_ _/_ _ _ _)
	☐Male ☐Female					☐Stabilization ☐Rehabilitation ☐Reintegration	☐Congregate ☐Scatter-Site		
	☐Male ☐Female					☐Stabilization ☐Rehabilitation ☐Reintegration	☐Congregate ☐Scatter-Site		
	☐Male ☐Female					☐Stabilization ☐Rehabilitation ☐Reintegration	☐Congregate ☐Scatter-Site		
	☐Male ☐Female					☐Stabilization ☐Rehabilitation ☐Reintegration	☐Congregate ☐Scatter-Site		
	☐Male ☐Female					☐Stabilization ☐Rehabilitation ☐Reintegration	☐Congregate ☐Scatter-Site		
	☐Male ☐Female					☐Stabilization ☐Rehabilitation ☐Reintegration	☐Congregate ☐Scatter-Site		
	☐Male ☐Female					☐Stabilization ☐Rehabilitation ☐Reintegration	☐Congregate ☐Scatter-Site		
	☐Male ☐Female					☐Stabilization ☐Rehabilitation ☐Reintegration	☐Congregate ☐Scatter-Site		
	☐Male ☐Female					☐Stabilization ☐Rehabilitation ☐Reintegration	☐Congregate ☐Scatter-Site		