

**NYS Office of Addiction Services and Supports
Transfer
FOR TRANSFERS DATED 04/01/2017 AND BEYOND**

Provider Number _____ Program Number _____

Provider Client ID	Sex (at birth)	Birth Date (_ / _ / _ _)	Last 4 SSN	Last Name First 2 Letters (at birth)	Transfer From Program	Transfer From Admission Date (_ / _ / _ _)	Transfer To Program	Part 820 Program Element Information		Date of Transfer (_ / _ / _ _)	LOCADTR Information	
								Transfer To Element of Care	Transfer To Reintegration Setting		Assessment ID	Created Date (_ / _ / _ _)
	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> X							<input type="checkbox"/> Stabilization <input type="checkbox"/> Rehabilitation <input type="checkbox"/> Reintegration	<input type="checkbox"/> Congregate <input type="checkbox"/> Scatter-Site			
	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> X							<input type="checkbox"/> Stabilization <input type="checkbox"/> Rehabilitation <input type="checkbox"/> Reintegration	<input type="checkbox"/> Congregate <input type="checkbox"/> Scatter-Site			
	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> X							<input type="checkbox"/> Stabilization <input type="checkbox"/> Rehabilitation <input type="checkbox"/> Reintegration	<input type="checkbox"/> Congregate <input type="checkbox"/> Scatter-Site			
	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> X							<input type="checkbox"/> Stabilization <input type="checkbox"/> Rehabilitation <input type="checkbox"/> Reintegration	<input type="checkbox"/> Congregate <input type="checkbox"/> Scatter-Site			
	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> X							<input type="checkbox"/> Stabilization <input type="checkbox"/> Rehabilitation <input type="checkbox"/> Reintegration	<input type="checkbox"/> Congregate <input type="checkbox"/> Scatter-Site			
	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> X							<input type="checkbox"/> Stabilization <input type="checkbox"/> Rehabilitation <input type="checkbox"/> Reintegration	<input type="checkbox"/> Congregate <input type="checkbox"/> Scatter-Site			
	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> X							<input type="checkbox"/> Stabilization <input type="checkbox"/> Rehabilitation <input type="checkbox"/> Reintegration	<input type="checkbox"/> Congregate <input type="checkbox"/> Scatter-Site			