

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

Provider Number _____ Program Number _____

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			LOCADTR Information	
								Select the Medication included in the Client's Treatment (select all that apply)	Transfer To Element of Care	Transfer To Reintegration Setting	Date of Transfer (_/_/____)	Assessment ID
	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> X							<input type="checkbox"/> Methadone Dispensed at Window <input type="checkbox"/> Buprenorphine Dispensed at Window <input type="checkbox"/> Naltrexone for MOUD Administered at Program Site <input type="checkbox"/> Naltrexone for AUD Administered at Program Site <input type="checkbox"/> Buprenorphine Prescribed by Program Practitioner <input type="checkbox"/> Other AUD Prescribed by Program Practitioner <input type="checkbox"/> No MOUD or AUD Medication within Program	<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"/> Methadone Dispensed at Window <input type="checkbox"/> Buprenorphine Dispensed at Window <input type="checkbox"/> Naltrexone for MOUD Administered at Program Site <input type="checkbox"/> Naltrexone for AUD Administered at Program Site <input type="checkbox"/> Buprenorphine Prescribed by Program Practitioner <input type="checkbox"/> Other AUD Prescribed by Program Practitioner <input type="checkbox"/> No MOUD or AUD Medication within Program	<input type="checkbox"/> Stabilization <input type="checkbox"/> Rehabilitation <input type="checkbox"/> Reintegration	<input type="checkbox"/> Congregate <input type="checkbox"/> Scatter-Site		