NYS Office of Addiction Services and Supports
Waiting List Applicant Data Report*

Provider Number __ __ __ __ __ **Program Number** __ __ __ __ __ (**Page 1) [Placement]**

Fill out for Placement							Placement Reason
Client ID (Do not use name or SS)	**Sex**	**Birth Date (_ _/_ _/_ _ _ _)**	**Last 4 SSN**	**Last Name First 2 Letters**	**Required Information for Waiting List Placement**	**Transaction Date**	
	☐ Male ☐ Female				Pregnant: ☐Y ☐ N Injector: ☐Y ☐ N MICA: ☐Y ☐ N Zip Code of Residence: __ __ __ __ __ County of Residence: ____________________	Placement: __ __/__ __/__ __	☐ 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 ☐ 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 SUD care) ☐ Client release pending (from a correctional facility) ☐ Other: _____
	☐ Male ☐ Female				Pregnant: ☐Y ☐ N Injector: ☐Y ☐ N MICA: ☐Y ☐ N Zip Code of Residence: __ __ __ __ __ County of Residence: ____________________	Placement: __ __/__ __/__ __	☐ 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 ☐ 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 SUD care) ☐ Client release pending (from a correctional facility) ☐ Other: _____
	☐ Male ☐ Female				Pregnant: ☐Y ☐ N Injector: ☐Y ☐ N MICA: ☐Y ☐ N Zip Code of Residence: __ __ __ __ __ County of Residence: ____________________	Placement: __ __/__ __/__ __	☐ 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 ☐ 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 SUD care) ☐ Client release pending (from a correctional facility) ☐ Other: _____

*Please Note: Both placement and removal transactions for an applicant may be entered online at the same time.

NYS Office of Addiction Services and Supports Waiting List Applicant Data Report*

Provider Number __ __ __ __ __ **Program Number** __ __ __ __ __ **(Page 2) [REMOVAL]**

Fill out for Removal						Removal Reason
Client ID (Do not use name or SS)	**Sex**	**Birth Date (_ _/_ _/_ _ _ _)**	**Last 4 SSN**	**Last Name First 2 Letters**	**Transaction Date**	
	☐ Male ☐ Female				Removal __ __/__ __/__ __	☐ Admitted to another program within provider ☐ Admitted to another SUD* treatment program (in another provider) ☐ Admitted to another type of program (a non-SUD program) Referred to another SUD Program ☐ Refused treatment ☐ Relocated out of area ☐ Incarcerated ☐ Lost to contact ☐ Death ☐ Other: _____
	☐ Male ☐ Female				Removal __ __/__ __/__ __	☐ Admitted to another program within provider ☐ Admitted to another SUD program (in another provider) ☐ Admitted to another type of program (a non-SUD program) ☐ Referred to another SUD Program ☐ Refused treatment ☐ Relocated out of area ☐ Incarcerated ☐ Lost to contact ☐ Death ☐ Other: _____
	☐ Male ☐ Female				Removal __ __/__ __/__ __	☐ Admitted to another program within provider ☐ Admitted to another SUD program (in another provider) ☐ Admitted to another type of program (a non-SUD program) ☐ Referred to another SUD Program ☐ Refused treatment ☐ Relocated out of area ☐ Incarcerated ☐ Lost to contact ☐ Death ☐ Other: _____

*SUD=Substance use disorder

**Please Note: Both placement and removal transactions for an applicant may be entered online at the same time.