NYS Office of Addiction Services and Supports
WAITING LIST APPLICANT DATA REPORT INSTRUCTIONS (PAS-51N)

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 program 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, Female, or X**, 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, 1998 would be 03/08/1998).

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. If the client does not have an 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 substance(s) of misuse.

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.

70 Connecticut	CT
71 New Jersey	NJ
72 Pennsylvania	PA
73 Massachusetts	MA
74 Vermont	VT
80 Other	OTHER
90 Canada	CANADA

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 Regional Office and unable to refer to another program.

Insufficient staffing (below regulatory requirement). Contacted OASAS Regional Office and unable to refer to another program.

Insufficient capacity. Temporary physical plant issue. Contacted OASAS Regional Office 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 (If Other is selected, a brief explanation is required)

*SUD=substance use disorder

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 SUD** treatment program)

Admitted into another SUD treatment program (in another provider)

Admitted into another type of program (a non-SUD 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 treatment program (This option cannot be used for SUD treatment applicants.)

*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.

**SUD=substance use disorder