

**NYS Office of Addiction Services and Supports**  
**CLIENT ASSESSMENT REPORT INSTRUCTIONS (PAS-61N)**  
**FOR ASSESSMENTS DATED 10/1/2018 AND BEYOND**

*These instructions are for the purpose of completing the PAS-61N form only.  
They do not supersede or replace existing regulations.*

**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 client will be admitted to.

**CLIENT ID INFORMATION**

**PROVIDER CLIENT ID NUMBER**

The client identification number selected by the program may contain a maximum of 10 alpha-numeric digits. The number may be entered using any of the available 10 spaces. Do not use the client's Social Security number as the client ID number.

Note: Provider Client ID Numbers are not used for data analysis by OASAS and are for provider use only.

**SPECIAL PROJECT**

This item should be left blank unless a code has been approved and issued by OASAS for a special project in which the program is participating.

**SEX (at birth)**

Enter **Male** or **Female**, as documented on birth certificate. If the client is transsexual, choose 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).

**ASSESSMENT DATE**

An **assessment visit**, for a Part 822 treatment program, is a visit to the program with the purpose of determining need for services and the visit occurs prior to, or on the same day as, (1) an admission for treatment services, (2) referral to another provider for substance use disorder treatment, or (3) another disposition or termination of the assessment process.

An **assessment day**, for an inpatient/residential program, is any day, or part of a day, spent by an individual as an inpatient or resident being assessed to determine his/her need for

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inpatient or residential treatment, prior to receiving treatment services.

The Assessment Date is the first date that the client participates in one of the above defined services (**assessment visit or day**).

**NUMBER OF ASSESSMENT VISITS OR DAYS**

Enter the actual number of visits or days spent conducting an assessment prior to treatment.

**ADMISSION DISPOSITION**

Enter outcome of assessment visits:

- Admitted to SUD Treatment**
- Referred to Another SUD Treatment Unit**
- Close Case Pending Action of Referring Agency**
- No Treatment Necessary/Referred to Self-help, etc.**
- No Treatment Necessary, No SUD Referral**
- Treatment Recommendation Refused**
- Further Services Refused**
- Lost to Contact**
- Other**

*SUD=substance use disorder*

**OPTIONAL ITEMS**

**SIGNIFICANT OTHER**

Enter one of the following:

**Yes** The client will be admitted as a Significant Other; not for treatment of their own alcohol or substance misuse problems.

**No** The client will be admitted for treatment of their own alcohol or substance misuse problems, not as a Significant Other.

*"Significant Other" means an individual who is related to, a close friend of, associated with, or directly affected by, an individual misusing substances. Substance use disorder treatment should include services to the significant others of those who are misusing substances, in recognition that addiction has a significant negative impact on such individuals. Significant Others may be admitted to the substance use disorder service as individuals, regardless of whether the individual misusing substances is in treatment, or the Significant Other may be treated as part of a family. **If a person is experiencing problems with alcohol or other substances requiring treatment, they should not be admitted as a Significant Other.***

**By regulation, Substance Use Disorder Outpatient programs (Part 822) are permitted to admit Significant Others for treatment services.**

**DEMOGRAPHICS**

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**RACE**

Based on staff observation and/or client self-identification, enter the appropriate race. If the client is racially mixed, enter the race with which he/she identifies.

**Alaska Native (Aleut, Eskimo, Indian)**

A person having origins in any of the native people of Alaska.

**American Indian (Other than Alaska Native)**

A person having origins in any of the original peoples of North America and South America (including Central America) and who maintains cultural identification through tribal affiliation or community attachment.

**Asian**

A person having origins in any of the original people of the Far East, Indian Subcontinent, Southeast Asia, including Cambodia, China, India, Japan, Korea, Malaysia, Philippine Islands, Thailand and Vietnam.

**Black or African American**

A person having origins in any of the black racial groups of Africa.

**Native Hawaiian or Other Pacific Islander**

A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

**White**

A Caucasian person having origins in any of the people of Europe (including Portugal), North Africa, or the Middle East.

**Other**

A category for use when the client is not classified above, where the client does not identify with any one particular racial group, or whose origin group, because of area custom, is regarded as a racial class distinct from the above categories.

**HISPANIC ORIGIN**

Indicate the most appropriate origin.

**Cuban**

A person of Cuban origin, regardless of race.

**Mexican**

A person of Mexican origin, regardless of race.

**Puerto Rican**

A person of Puerto Rican origin, regardless of race.

**Other Hispanic**

A person from Central or South America, including the Dominican Republic, and all other Spanish cultures and origins (including Spain), regardless of race.

**Hispanic, Not Specified**

A person of Hispanic origin, but specific origin is not known, not specified, or a person who does not identify with a specific Hispanic origin.

**Not of Hispanic Origin**

A person whose origin is not Hispanic and is not included in the five categories above or a person who does not identify with a Hispanic origin.

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**VETERAN STATUS**

Enter **Yes** or **No**.

A veteran is any person who has served on active duty in the armed forces of the United States, including the Coast Guard. Not counted as veterans are those whose only service was in the Reserves, National Guard or Merchant Marines and were never activated. For purposes of reporting, “veteran” does not in any way reflect the type of military discharge received.

**ZIP CODE OF RESIDENCE**

Enter the five-digit zip code for the client’s county of residence. If the client is homeless and does not live in a shelter, use the program’s zip code. If the client is homeless and lives in a shelter, use the shelter’s zip code. **For Canada use 88888**. If the client is not homeless and coming to your program directly from an inpatient or residential facility (substance use disorder or otherwise), enter the zip code of the client’s residence prior to the first inpatient or residential admission in the sequence (i.e., where the client lived in the community prior to entering treatment).

**COUNTY OF RESIDENCE**

From the drop-down list, click on the NY county code or the values for any of the listed border states. If the zip code for Canada was entered (88888), click on “**Canada**.” If the client’s zip code is outside of these geographic areas, the user should click on “**Other**” from the drop-down list. If the client is not homeless and coming to your program directly from an inpatient or residential facility (substance use disorder or otherwise), enter the county of the client’s residence prior to the first inpatient or residential admission in the sequence (i.e., where the client lived in the community prior to entering treatment). County of residence must match the zip code entered or an error message will be displayed. Do not enter the incorrect county. If necessary, first correct the zip code.

|                      |               |
|----------------------|---------------|
| <b>Connecticut</b>   | <b>CT</b>     |
| <b>New Jersey</b>    | <b>NJ</b>     |
| <b>Pennsylvania</b>  | <b>PA</b>     |
| <b>Massachusetts</b> | <b>MA</b>     |
| <b>Vermont</b>       | <b>VT</b>     |
| <b>Other</b>         | <b>OTHER</b>  |
| <b>Canada</b>        | <b>CANADA</b> |

**TYPE OF RESIDENCE**

Enter the category that best describes the client’s type of residence at the time of assessment. When a client is assessed directly from a substance use disorder or other inpatient or residential facility, report the type of residence immediately prior to the first episode of treatment in the sequence (i.e., where the client lived in the community prior to entering treatment).

**Private Residence**

**Homeless: shelter** Includes a person or family who is undomiciled, has no fixed address, lacks a regular nighttime residence, and is residing in some type of temporary accommodation (i.e., hotel, shelter, residential program for the victims of domestic violence).

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**Homeless: no shelter, or circulates among acquaintances** Includes a person or family who is undomiciled, has no fixed address, lacks a regular nighttime residence, and circulates among acquaintances or is residing in a place not designed or originally used as a regular sleeping accommodation for human beings.

**Single Resident Occupancy** Hotel, rooming house, adult home, or residence for adults.

**Residential Services for SUD/Congregate** A community living experience in one location with onsite staff available seven days a week, twenty-four hours a day, such as a community residence or Part 820 residential program.

**Residential Services for SUD/Scatter-Site** A community living experience where housing is provided at various locations where staff provide, at a minimum, case management and supervision through weekly in-house visits. Examples include supportive living or Part 820 residential programs with a reintegration setting of scatter-site.

**MH/DD Community Residence** Mental Health/Developmental Disabilities Community Residence

**Other Group Residential Setting** Other Group Residential may include group homes, supervised apartments, and college housing or military barracks.

**Institution, Other than above** (e.g., jail, hospital)

**Other**

**LIVING ARRANGEMENTS**

Enter the client's living arrangements at the time of assessment. If the client is not homeless and coming to your program directly from an inpatient or residential facility (substance use disorder or otherwise), enter the client's living arrangements prior to the first inpatient or residential admission in the sequence (i.e., where the client lived in the community prior to entering treatment). If the client was in jail or prison and will be admitted directly into inpatient or individual treatment, select "living with non-related person."

**Living Alone**

**Living with Non-Related Person**

**Living with Spouse/Relatives**

**PRINCIPAL REFERRAL SOURCE**

Indicate the agency, individual, or legal entity that referred the client. If the client can be included under more than one, choose the category that represents the agency, individual or legal situation most responsible for the client seeking treatment in this program. If the client is currently involved with the criminal justice system and initially indicates "Self-Referral," probe to determine if the referral source may be more appropriately categorized using one of the criminal justice codes. If applicable, the NYSID and CJ Consent Date information should be entered as previously indicated.

*Criminal Justice Services*

**District Attorney** A direct referral from a District Attorney accompanied by a TRS-49. In order to select this code, the program must have received the signed criminal justice consent form which identified the District Attorney as the referral source.

**Drug Court** A direct referral from a court (in the vast majority of cases, a drug court) accompanied by a TRS-49. In order to select this code, the program must have received the signed criminal justice consent form which identified the court as the referral source.

**Probation** A direct referral from a county Probation Department accompanied by a TRS-49. In order to select this code, the program must have received the signed criminal

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justice consent form which identified Probation as the referral source.

**Parole General** A direct referral from the New York State Division of Parole accompanied by a TRS-49. In order to select this code, the program must have received the signed criminal justice consent form which identified the New York State Division of Parole General as the referral source and the client is not being resentenced or referred from Willard or a shock program.

**Parole Release Shock** A direct referral from the New York State Division of Parole accompanied by a TRS-49. In order to select this code, the program must have received the signed criminal justice consent form which identified the New York State Division of Parole Shock as the referral source and the client is coming to the program after completing a shock program.

**Parole Release Willard** A direct referral from the New York State Division of Parole accompanied by a TRS-49. In order to select this code, the program must have received the signed criminal justice consent form which identified the New York State Division of Parole Willard as the referral source and the client is coming to the program after completing the Willard program.

**Parole Release Resentence** A direct referral from the New York State Division of Parole accompanied by a TRS-49 for a drug offender who was resentenced. In order to select this code, the program must have received the signed criminal justice consent form which identified the New York State Division of Parole Resentence as the referral source and the client has been resentenced and released.

**Impaired Driver Referral** A direct referral from the Department of Motor Vehicles' Impaired Driver Program (IDP), or a referral resulting from a specific Driving While Intoxicated (DWI) or Driving While Ability Impaired (DWAI) law enforcement incident (which could involve alcohol and/or drugs). All DWI/DWAI referrals belong in this category regardless of related criminal justice status.

**Police** A direct referral from a municipal, town, county or state police agency, including the sheriff's department. However, this does not include referrals from jails, which are normally operated by a sheriff, which should be reported using "City/County Jail." In all cases this will be before, or in lieu of, adjudication.

**Family Court** Family Court has jurisdiction over all juvenile cases (under the age of 16), except for juvenile offenders (JOs). It also has jurisdiction over neglect and some domestic violence cases.

**Other Court** This includes town and village, district, New York City criminal justice and federal courts. *It does not include referrals from a drug court or drug treatment court.* Referrals, in this category, will come directly from the court in lieu of sentencing to a jail or prison and are not accompanied by a TRS-49.

**Alternatives to Incarceration** A referral made by a criminal justice entity which is not required to provide a TRS-49 consent form (e.g., federal probation), as an alternative to incarceration (e.g., local court, non-drug court, a federal court). *This does not include DWI or DWAI cases which should be reported in "Impaired Driver Referral."*

**City/County Jail** This would include referrals for detainees and sentenced offenders that are referred by local jail personnel (including personnel working in the jail for other agencies) for treatment provided in the community or jail itself. This does not include the NYS Department of Corrections and Community Supervision (DOCCS).

**NYS Department of Corrections and Community Supervision** This category is for use only for those offenders that are under the jurisdiction of the State prison system (DOCCS), either within the prison or who are receiving treatment off-site, as part of a work release program. *It does not include offenders who are under the jurisdiction of the Division of Parole, such as the Willard Drug Treatment Campus, which should be reported*

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as “DLR Parole Willard Release.”

**Office of Children and Family Services (OCFS)** This category includes all direct referrals of a youth from an OCFS facility or office.

Self, Family, Other

**Self-Referral**

**Family, Friends, Other Individuals**

**Self-Help Group**

**HOPEline**

Substance Use Disorder Treatment (SUD)

**SUD Program in New York State** Excludes VA SUD programs located in New York State.

**SUD Program Out of State** Excludes VA SUD programs located outside of New York State.

**SUD VA Program** Includes VA SUD programs regardless of location.

**SUD Private Practitioner**

Prevention/Intervention Services

**School-Based Prevention Program**

**Community-Based Prevention Program**

**Employee Assistance Program**

**Other Prevention/Intervention Program**

Health Care Services

**Developmental Disabilities Program**

**Mental Health Provider**

**Managed Care Provider**

**Health Care Provider**

**AIDS Related Services**

**Primary Care Health Professional** Examples include Physician, Nurse Practitioner, Physician’s Assistant

**Comprehensive Psychiatric Emergency Program (CPEP)**

**Hospital Emergency Room**

**TBI Waiver** The New York State Department of Health (DOH) Traumatic Brain Injury (TBI) waiver program provides services to persons with a TBI. The purpose of the program is to help persons with a TBI live in the community setting of their choice. Medicaid funds the program. For more information on TBI Waivers, visit:

<https://www.health.ny.gov/publications/1111.pdf>.

Employer/Educational/Special Services

**Employer/Union (Non-EAP)**

**School (Other than Prevention Program)**

**Special Services (Homeless/Shelters)**

Social Services

**Local Social Services – Child Protective Services/CWA**

**Local Social Services – Income Maintenance**

**Local Social Services Treatment Mandate/Public Assistance** The referral was made by a local social services district, or an authorized agent acting on its behalf, following an assessment by an OASAS credentialed individual who has determined that the individual’s alcohol/substance misuse precludes participation in work at the time of

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referral and is mandated to treatment as a condition for continued receipt of Public Assistance.

**Local Social Services Treatment Mandate/Medicaid Only** The referral was made by a local social services district, or an authorized agent acting on its behalf, following an assessment by an OASAS credentialed individual who has determined that the individual's alcohol/substance misuse precludes participation in work at the time of referral and is mandated to treatment as a condition for continued receipt of Medicaid.

**Other Social Services Provider**

*Recovery Support Services* (For a definition of these services and other information, please refer to the following link: [Regional Services](#))

**Recovery Community and Outreach Center**

**Youth Clubhouse**

**Peer Advocate**

**Open Access Center**

**Family Support Navigator**

**Regional Addiction Resource Center**

**Other** Select this code if the source of referral cannot reasonably be reflected by any of the codes above.

**HIGHEST GRADE COMPLETED**

Enter the client's highest grade **completed at the time of assessment**. If the client is in a special education class, select the grade that most accurately reflects the client's level of performance.

**No Education**

**01 to Grade 11-** Enter grade completed

**High School Diploma**

**General Equivalency Diploma (GED)**

**Vocational Certificate w/o Diploma/GED** A Vocational Certificate is any certificate received as a result of vocational training or special skill trade.

**Vocational Certificate w/Diploma/GED**

**Some College - No Degree**

**Associates Degree**

**Bachelors Degree**

**Graduate Degree**

**EMPLOYMENT STATUS**

Enter the client's employment status at time of assessment. If a client can be counted in more than one category, please choose the status which most appropriately indicates his/her status. This is an employment-related item, so the client's work status should be the primary consideration. For example: if an individual is employed part-time and is also a student or a homemaker or a retired person, he/she is part of the labor force and the status should be Employed Part-Time. Active military personnel – status should be Employed Full-Time. Unemployed Looking for Work should only be used if the client has actively sought employment within the last 30 days. **A client working off-the-books or in a volunteer position is not considered employed.**

**Employed Full-Time (35+ Hrs per Week)**

**Employed Part-Time (<35 Hrs per Week)**

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**Employed in Sheltered Workshop**

**Unemployed, In Treatment** The reason that the client is unemployed is that immediately prior to this assessment, the client was in an inpatient or residential treatment program.

**Unemployed, Looking for Work**

**Unemployed, Not Looking for Work** Programs may use this code for clients who are working off-the-books or in a volunteer position.

**Not in Labor Force–Child Care**

**Not in Labor Force–Disabled** For public assistance purposes, the client has been assessed as disabled and is not required to work.

**Not in Labor Force–In Training** To be used when a client is unemployed but taking part in a formal training program such as a program via ACCES-VR, Department of Labor, BOCES, etc.

**Not in Labor Force–Inmate** Can be used when the client is in a jail-based or prison-based program or if the client is entering a community-based program immediately after leaving jail or prison.

**Not in Labor Force–Retired**

**Not in Labor Force–Student** Only use if the client is not working part-time or full-time.

**Not in Labor Force–Other**

**Social Services Work Experience Program (WEP)** A specific set of work/work related tasks to which a public assistance recipient is assigned for a specific number of hours per week by a local social services district as a condition for receipt of a public assistance grant and/or related benefit.

**Social Services Determined, Not Employed/Able to Work** The client has been assessed by treatment program staff or an OASAS credentialed individual acting on behalf of a local Social Services District as able to engage in work, but is not employed at the time of assessment.

**Social Services Determined, Unable to Work, Mandated Treatment** The client has been assessed by an OASAS credentialed individual acting on behalf of a local Social Services District as unable to work and is in treatment as a condition for receiving public assistance.

**PRIMARY SOURCE OF INCOME AT ASSESSMENT**

Enter the category which corresponds to the primary or major source of income for the client, either currently or in the 30-day period prior to assessment. If the client's Employment Status is "Unemployed" or "Not in Labor Force," the primary source of income cannot be "Wages/Salary."

**None**

**Wages/Salary** This category should be used only if it relates to the client's wages/salary. Wages/Salary of the client's spouse/family should be indicated by Family and/or Spouse Contribution.

**Alimony/Child Support**

**Department of Veterans Affairs**

**Family and/or Spouse Contribution**

**SSI/SSDI or SSA**

**Safety Net Assistance**

**Temporary Assistance for Needy Families** TANF provides cash assistance to eligible needy families that include a minor child living with a parent (including families where both parents are in the household), or a caretaker relative.

**Other**

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**FAMILY HISTORY**

**MARITAL STATUS**

Enter the current marital status of the client. A person whose only marriage was annulled should be classified as Never Married. A status of Separated includes legal separation as well as informal separations.

**Married**  
**Never Married**  
**Living as Married**  
**Separated**  
**Divorced**  
**Widowed**

**CHILD OF SOMEONE WHO MISUSES ALCOHOL/OTHER SUBSTANCES**

Enter the category that best describes the status of the client. For this question, “misuse” should be defined as meeting the criteria for a clinical diagnosis of a substance use disorder.

**No**  
**Both Child of Someone Who Misuses Alcohol and Other Substances**  
**Child of Someone Who Misuses Alcohol**  
**Child of Someone Who Misuses Other Substances**

**NUMBER OF CHILDREN**

Enter one digit (0-9) \* to indicate the total number of children (under the age of 19) that the client is legally responsible for, including biological children, stepchildren, adopted children, and foster children.

**NUMBER OF CHILDREN LIVING WITH CLIENT**

Enter one digit (0-9) \* to indicate the total number of children that the client is legally responsible for that are living with the client, including biological children, stepchildren, adopted children and foster children.

**\* Use nine (9) if the total number of children exceeds nine.** Although this may result in inaccurate information for a few clients, not having a two-digit field will prevent the vast majority of data entry errors for this item.

**CRIMINAL JUSTICE INFORMATION**

**CRIMINAL JUSTICE STATUS**

Please select the code or codes that reflect the client’s criminal justice status at the time of assessment. The PAS-61N has built in logic edits between Principal Referral Source and Criminal Justice Status. If the client has been referred under the auspices of the Drug Law Reform (DLR) initiative, he/she cannot have “None” as a Criminal Justice Status.

**None**  
**Probation** The client is under the supervision of any Department of Probation. This must be checked if the program has selected Probation as the Principal Referral Source.

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**Parole** The client is under the supervision of the New York State Division of Parole. This must be checked if the program has selected any of the Parole categories as the Principal Referral Source.

**Work Release** The client is currently in the custody of the New York State Department of Corrections and Community Supervision or a local jail and is participating in a work release program.

**In Prison/Jail** The client is currently in the custody the New York State Department of Corrections and Community Supervision or a local jail (and **is not** participating in a work release program).

**In OCFS Facility** The client is currently in the custody of the New York State Office of Children and Family Services.

**Charges Pending** The client has criminal charges pending, but has been released into the community awaiting disposition.

**Any Treatment or Specialty Court** The client is participating in Drug Court or other Specialty Court programs. This must be checked if the program has selected Drug Court as the Principal Referral Source.

**Other (e.g., District Attorney)** This must be checked if the program has selected District Attorney as the Principal Referral Source.

## **ARRESTS/INCARCERATION**

### **NO. OF ARRESTS IN PRIOR 30 DAYS**

Enter the number of arrests in the prior 30 days. An arrest should be counted if the client was legally processed and detained.

### **NO. OF ARRESTS IN PRIOR 6 MONTHS**

Enter the number of arrests in the 6 months prior to assessment. An arrest should be counted if the client was legally processed and detained. Any arrest that the client had in the last 30 days will also be counted here since the last 30 days is part of the last six months.

### **NO. OF DAYS INCARCERATED IN PRIOR 6 MONTHS**

Enter the number of whole or partial days that the client was remanded (incarcerated) to jail or prison in the 6 months prior to assessment.

## **PROBLEM SUBSTANCES**

At least one, and up to three substances may be identified (primary, secondary, and tertiary). The order should be determined by clinical judgment, history and frequency of use, client's perception, medical issues and problem areas of client functioning with the substance primarily responsible for the client's admission listed first.

### **TYPE**

**None** Only Significant Others may report none for a primary substance at assessment.

**Alcohol**

**Cocaine**

**Crack** This is the street name for a more purified form of cocaine that is smoked.

**Marijuana/Hashish** This includes THC and any other cannabis sativa preparations.

**Synthetic Cannabinoids** (e.g., K2Spice)

**Heroin**

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**Buprenorphine**

**Non-Rx Methadone** Methadone obtained and used without a legal prescription.

**OxyContin**

**Other Opiate/Synthetic** This includes Codeine, Dilaudid, Morphine, Demerol, Opium, and any other drug with morphine-like effects.

**Alprazolam (Xanax)**

**Barbiturate** This includes Phenobarbital, Seconal, Nembutal, etc.

**Benzodiazepine** This includes Diazepam, Flurazepam, Chlordiazepoxide, Clorazepate, Lorazepam, Oxazepam, Prazepam, Triazolam, Clonazepam, Klonopin, and Halazepam.

**Catapres** Clonidine

**Other Sedative/Hypnotic** This includes Methaqualone, Chloral Hydrate, Placidyl, Doriden, etc.

**Elavil**

**GHB**

**Khat**

**Other Tranquilizer**

**Methamphetamine** (e.g., Ice)

**Other Amphetamine** This includes Benzedrine, Dexedrine, Preludin, Ritalin, and any other amines and related drugs.

**Synthetic Stimulant** (e.g., Bath Salts)

**Other Stimulant**

**PCP** (Phencyclidine)

**Ecstasy**

**Other Hallucinogen** This includes LSD, DMT, STP, Mescaline, Psilocybin, Peyote, etc.

**Ephedrine**

**Inhalant** This includes Ether, Glue, Chloroform, Nitrous Oxide, Gasoline, Paint Thinner, etc.

**Ketamine**

**Rohypnol**

**Over-the-Counter** This includes Aspirin, Cough Syrup, Sominex, and any other legally obtained, non-prescription medicine.

**Other**

**ROUTE OF ADMINISTRATION**

Enter the usual route of administration for each substance reported.

**Inhalation**

**Injection**

**Oral**

**Smoking**

**Vaping**

**Other**

**FREQUENCY OF USE**

Enter the frequency of the client's use of the problem substance during the last 30 days for each substance reported.

**No use in last 30 days**

**1-3 times in last 30 days**

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**1-2 times per week**  
**3-6 times per week**  
**Daily**

**AGE OF FIRST USE**

Enter the age at which each problem substance was first used (use two digits for ages 00-98). For drugs other than alcohol, enter the age of first use. **For alcohol, enter the age of first intoxication.** If unknown, please estimate the probable age of first use. **Do not enter 99.**

**PHYSICAL HEALTH-RELATED CONDITIONS**

Enter **Yes** or **No** for the physical health-related conditions that apply.

*Impairment (Hearing, Mobility, Speech, Sight) refers to any condition which renders that body system diminished or less than fully functional. It is understood that many persons cope successfully with physical impairment. **However, if the impairment does or has the potential to interfere with successful treatment within the system, it should be recorded as “Yes.”***

*Other **Major Physical Health Conditions** may include any condition not already noted, that requires regular health care, which may be a complicating factor in successful treatment of the client. This can include AIDS, Tuberculosis and various forms of Hepatitis.*

**Pregnant** (females only)  
**Hearing Impairment**  
**Mobility Impairment**  
**Sight Impairment**  
**Speech Impairment**  
**Acquired or Traumatic Brain Injury**  
**Other Major Physical Health Condition**

**MENTAL HEALTH-RELATED CONDITIONS**

Enter **Yes** or **No** to each of the following:

**Intellectual Disability/Developmental Disability** Describes a group of disorders, acquired before the age of 22, the predominant feature of which is a disturbance in the acquisition of cognitive, language, motor or social skills. If available, the IQ is less than 70.

**Co-existing Psychiatric Disorder** Refers either to a diagnosis of mental illness which is available to the clinician at the time of assessment by mental health screen, client report, significant other report, records, or by presenting symptoms which the clinician recognizes as possibly being symptomatic of mental illness. The recognition of symptoms does not constitute a diagnosis on the part of the clinician, but may indicate symptoms which need to be addressed in the treatment plan.

NYS Office of Addiction Services and Supports  
**CLIENT ASSESSMENT REPORT INSTRUCTIONS (PAS-61N)  
FOR ASSESSMENTS DATED 10/1/2018 AND BEYOND**

**HISTORY OF MENTAL HEALTH TREATMENT**

Enter **Yes** or **No** to each of the following:

**Ever Treated for Mental Illness** Involves the planned intervention designed to relieve the distress and/or disability associated with mental illness.

**Ever Hospitalized for Mental Illness** Means the admission to some type of hospital or inpatient facility for the treatment of the distress and/or disability associated with mental illness. **If “Yes,” Ever Treated for Mental Illness must be “Yes.”**

**Ever Hospitalized 30 or More Days for Mental Illness** Means the admission to some type of hospital or inpatient facility for the treatment of the distress and/or disability associated with mental illness for 30 or more consecutive days. **If “Yes” is entered, the previous two items must be “Yes.”**

**THE FOLLOWING ITEMS RELATE TO THE SIX-MONTH PERIOD PRIOR TO THIS  
ASSESSMENT**

**NUMBER OF DAYS IN INPATIENT DETOX**

Enter the number of days that the client spent in inpatient detoxification during the last six months.

**NUMBER OF EMERGENCY ROOM EPISODES FOR WHICH THE CLIENT RECEIVED TREATMENT**

Enter the number of separate incidences in which the client used emergency room services during the last six months.

**NUMBER OF DAYS THE CLIENT WAS HOSPITALIZED FOR NON-DETOX SERVICES**

Enter the number of days that the client spent in a hospital for other than detoxification services during the last six months.

**IF HOSPITALIZED, PLEASE SPECIFY REASON: MEDICAL, PSYCHIATRIC, OR BOTH**

***For Provider Use (Optional) Box***

***Some providers may elect to keep OASAS PAS reports signed by the clinician in the client's file. This box may be used for that purpose and is not required by OASAS.***