

NYS OFFICE OF ALCOHOLISM AND SUBSTANCE ABUSE SERVICES  
**MONTHLY PRU SERVICE DELIVERY REPORT**  
**Programs Reporting Visits**

<b>Provider ID No.</b>	<b>PRU Number</b>	<b>Provider/PRU Name</b>	<b>Report Month/Year</b>
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SECTION			Primary Clients	Significant Others	Other Persons
<b>Census and Waiting List Information (Calculated by Application)</b>	V1	Number in Treatment – Beginning of Month			
	V2	Number Admitted/Transferred to this PRU – This Month			
	V3	Number Discharged/Transferred from this PRU – This Month			
	V4	Number in Treatment – End of Month			
	V5	Total Applicants on Waiting List – End of Month			
<b>Unique Persons Treated</b>	V6	Unique Persons Treated – This Month			
<b>Visits</b>	V7	Brief Visits: 15 minutes – < 30 minutes			
	V8	Treatment Visits: 30 minutes – < 2 hours			
	V9	Treatment Visits: 2 hours – < 4 hours			
	V10	Treatment Visits: 4 hours or more			
<b>Staffing Resources</b>			<b>Primary Counselor FTEs</b>	<b>Other Direct Care FTEs</b>	
	V11	Direct Care Staff on Payroll – End of Month			
	V12	Direct Care Staff Vacancies – End of Month			

**Outpatient and Methadone Programs Only**

SECTION			Primary Clients	Significant Others	Other Persons				
<b>Assessments Completed and Assessment Visits</b>	V13	Assessments Completed – This Month							
	V14	Assessment Visits							
<b>Medication Visits (Methadone Programs Only)</b>	V15	Medication Visits							
<b>Sessions</b>			<b>All Clients</b>						
	V16	Number of Individual Counseling Sessions							
	V17	Number of Group Counseling Sessions							
<b>Employment/ Vocational Status</b>			<b>Employment</b>				<b>Status Unavailable</b>		
			<b>Work-Related Activities</b>		<b>Work-Readiness Status</b>			<b>New</b>	
		<b>New</b>	<b>Total</b>	<b>New</b>	<b>Total</b>	<b>30 Days</b>	<b>60 Days</b>	<b>90 Days</b>	
	V18	Employment/Vocational Status – based upon number in treatment– End of Month, Primary Clients							

Section		Additional Location Address	Total Visits
Visits for Additional Locations	V19		
	V19		