

**NYS Office of Alcoholism and Substance Abuse Services  
Waiting List Applicant Data Report\***

Provider Number \_\_\_\_\_

Program Number \_\_\_\_\_

Fill out for both placement and removal					Fill out for placement		Fill out for removal
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	Removal Reason
	<input type="checkbox"/> Male <input type="checkbox"/> Female				Receiving Treatment: <input type="checkbox"/> Y <input type="checkbox"/> N Pregnant: <input type="checkbox"/> Y <input type="checkbox"/> N Injector: <input type="checkbox"/> Y <input type="checkbox"/> N MICA: <input type="checkbox"/> Y <input type="checkbox"/> N Zip Code of Residence: _____	Placement: ____/____/____  Removal ____/____/____	<input type="checkbox"/> Admitted to another program within provider <input type="checkbox"/> Admitted to another chem. dependence program <input type="checkbox"/> Admitted to another type of program <input type="checkbox"/> Refused treatment <input type="checkbox"/> Lost to contact <input type="checkbox"/> Other
	<input type="checkbox"/> Male <input type="checkbox"/> Female				Receiving Treatment: <input type="checkbox"/> Y <input type="checkbox"/> N Pregnant: <input type="checkbox"/> Y <input type="checkbox"/> N Injector: <input type="checkbox"/> Y <input type="checkbox"/> N MICA: <input type="checkbox"/> Y <input type="checkbox"/> N Zip Code of Residence: _____	Placement: ____/____/____  Removal ____/____/____	<input type="checkbox"/> Admitted to another program within provider <input type="checkbox"/> Admitted to another chem. dependence program <input type="checkbox"/> Admitted to another type of program <input type="checkbox"/> Refused treatment <input type="checkbox"/> Lost to contact <input type="checkbox"/> Other
	<input type="checkbox"/> Male <input type="checkbox"/> Female				Receiving Treatment: <input type="checkbox"/> Y <input type="checkbox"/> N Pregnant: <input type="checkbox"/> Y <input type="checkbox"/> N Injector: <input type="checkbox"/> Y <input type="checkbox"/> N MICA: <input type="checkbox"/> Y <input type="checkbox"/> N Zip Code of Residence: _____	<b>Placement:</b> ____/____/____  <b>Removal</b> ____/____/____	<input type="checkbox"/> Admitted to another program within provider <input type="checkbox"/> Admitted to another chem. dependence program <input type="checkbox"/> Admitted to another type of program <input type="checkbox"/> Refused treatment <input type="checkbox"/> Lost to contact <input type="checkbox"/> Other
	<input type="checkbox"/> Male <input type="checkbox"/> Female				Receiving Treatment: <input type="checkbox"/> Y <input type="checkbox"/> N Pregnant: <input type="checkbox"/> Y <input type="checkbox"/> N Injector: <input type="checkbox"/> Y <input type="checkbox"/> N MICA: <input type="checkbox"/> Y <input type="checkbox"/> N Zip Code of Residence: _____	<b>Placement:</b> ____/____/____  <b>Removal</b> ____/____/____	<input type="checkbox"/> Admitted to another program within provider <input type="checkbox"/> Admitted to another chem. dependence program <input type="checkbox"/> Admitted to another type of program <input type="checkbox"/> Refused treatment <input type="checkbox"/> Lost to contact <input type="checkbox"/> Other
	<input type="checkbox"/> Male <input type="checkbox"/> Female				Receiving Treatment: <input type="checkbox"/> Y <input type="checkbox"/> N Pregnant: <input type="checkbox"/> Y <input type="checkbox"/> N Injector: <input type="checkbox"/> Y <input type="checkbox"/> N MICA: <input type="checkbox"/> Y <input type="checkbox"/> N Zip Code of Residence: _____	<b>Placement:</b> ____/____/____  <b>Removal</b> ____/____/____	<input type="checkbox"/> Admitted to another program within provider <input type="checkbox"/> Admitted to another chem. dependence program <input type="checkbox"/> Admitted to another type of program <input type="checkbox"/> Refused treatment <input type="checkbox"/> Lost to contact <input type="checkbox"/> Other

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