

**NYS Office of Alcoholism and Substance Abuse Services
CLIENT ADMISSION REPORTING FORM INSTRUCTIONS
FOR ADMISSIONS DATED 6/1/2005 AND BEYOND**

PROVIDER 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 PRU (Program Reporting Unit) the client is being admitted to.

CLIENT ID INFORMATION

CLIENT ID NUMBER

The client identification number selected by the program may contain a maximum of 10 alphanumeric digits. The number may be entered using any of the available 10 spaces.

Except for methadone patients, the identification number is assigned by the program to insure that each client entering the program has an unduplicated client identification number. The client number assigned at the time of first admission must be used for every subsequent admission to this PRU and should never be reassigned to another client. Do not use the client's social security number as the client ID number.

For all methadone patients, the identification number assigned by the Methadone Central Registry must be used. The identical patient number assigned at the time of first admission to any methadone program must be used for every subsequent admission and cannot be assigned to another patient.

SPECIAL PROJECT CODE

This item should be left blank unless a code has been issued for a special project and approved by OASAS.

SEX

Enter **Male or Female**.

BIRTH DATE (__ __ / __ __ / __ __ __ __)

Enter two digits each for the month and day and four digits for the year of birth (e.g., March 8, 1948 would be 03/08/1948).

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. In the event that the client does not have a SSN, enter 9999. If another person is providing insurance coverage, be sure to use the client's SSN, not the SSN of the insured.

FIRST TWO LETTERS OF LAST NAME

Enter the first two letters of the client's last/**birth name** (Smith = SM, O'Brien = OB). For clients who have changed their last name, use their BIRTH name (e.g., Maiden Name).

ADMISSION DATE (__ __ / __ __ / __ __ __ __)

The Admission Date is the date of the first treatment service following the level of care determination. For purposes of reporting, a client may not be admitted more than once in a calendar day.

NUMBER OF ASSESSMENT VISITS OR DAYS

Enter the actual number of visits or days spent conducting an assessment prior to treatment. For ambulatory programs there is a maximum of two (2) visits, for inpatient programs a maximum of one (1) day, and for residential programs a maximum of one (1) day.

An **assessment visit** is a visit occurring prior to, or on the same day as, (1) an admission for treatment services, (2) referral to another provider for chemical dependency treatment, or (3) another

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disposition or termination of the assessment process.

An **assessment day** 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 inpatient or residential treatment, prior to actually receiving treatment services.

If no assessment visits or assessment days were provided, enter "0."

SIGNIFICANT OTHER

Enter one of the following:

Yes (The client is being admitted as a Significant Other; not for treatment of their own alcohol or substance abuse problems.)

No (The client is being admitted for treatment of their own alcohol or substance abuse 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, a chemically dependent person. Chemical dependence treatment should include services to the significant others of those who are chemically dependent or abusing, in recognition that addiction has a significant negative impact on such individuals. Significant Others may be admitted to the chemical dependence service as individuals, regardless of whether the addicted person is in treatment, or they may be treated as part of a family. **If a person is experiencing problems with alcohol or substances requiring treatment, they should not be admitted as a Significant Other.***

By regulation, Chemical Dependence Outpatient programs (Part 822), Non Medically Supervised Chemical Dependence Outpatient programs (Part 821) and Outpatient Chemical Dependency Services for Youth programs (OCDY) (Part 823) are permitted to admit Significant Others for treatment services.

DEMOGRAPHICS

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 or whose origin group, because of area custom, is regarded as a racial class distinct from the above categories.

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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.

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.

Puerto Rican

A person of Puerto Rican origin, regardless of race.

Hispanic, Not Specified

A person of Hispanic origin, but specific origin is not known or not specified.

Not of Hispanic Origin

A person whose origin is not Hispanic and is not included in the five categories above.

PRIMARY LANGUAGE

Enter the primary language of the client from the following:

Arabic

Chinese

English

French

Greek

Hindi

Japanese

Portuguese

Russian

Sign Language

Spanish

Other

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 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.

TYPE OF RESIDENCE

Enter the category that best describes the client's type of residence at the time of admission except when a client is admitted directly from medical or chemical dependence inpatient or residential treatment. In such cases, report the type of residence immediately prior to that treatment.

Private Residence

Homeless: shelter (includes a person or family who is undomiciled, has no fixed address, lacks a regular night time residence, and is residing in some type of temporary accommodation; i.e.,

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hotel, shelter, residential program for the victims of domestic violence).

Homeless: no shelter, or circulates among acquaintances (includes a person or family who is undomiciled, has no fixed address, lacks a regular night time 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)

CD Community Residence

MH/MRDD Community Residence

Other Group Residential setting (Other Group Residential may include group homes, supervised apartments, college housing or military barracks.)

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

Other

LIVING ARRANGEMENTS (Complete only for clients under the age of 19)

Enter the client's living arrangements at the time of admission, except when a client is admitted directly from a medical, alcohol or substance abuse inpatient or residential treatment program. In such cases, report the living arrangements immediately prior to that.

Living Alone

Living with Non-related persons

Living with Spouse/Relatives

PRINCIPAL REFERRAL SOURCE

Indicate which agency, individual, or legal entity referred the client. If the client may 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.

Self-Referral

Family, Friends, Other Individuals

AA/NA and Other Self-Help

Chemical Dependence Treatment

CD Medically Managed Detox

CD Medically Supervised Withdrawal Outpatient

CD Medically Monitored Withdrawal

CD Inpatient Rehab

CD Intensive Residential

CD Residential Chemical Dependency for Youth

CD Outpatient Chemical Dependency for Youth

CD Community Residence

CD Outpatient Clinic

CD Outpatient Rehab Program

CD Methadone Treatment

CD Non-Medically Supervised CD Outpatient

Prevention/Intervention Services

Community Education and Intervention

Youth Education and Intervention (non SAP)

Student Assistance Program (SAP)/School-Based

Hospital and Health Care Intervention Services

Employee Assistance Program

Other Prevention/Intervention Program

Criminal Justice Services

Drinking Driver Referral A direct referral from the Department of Motor Vehicles' Drinking Driver Program (DDP), or a self referral resulting from a specific Driving While Intoxicated (DWI), or Driving While Ability Impaired (DWAI) law enforcement incident (*which could involve alcohol*

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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/Probation Family Court has jurisdiction over all juvenile cases (under the age of 16), except for JOs (juvenile offenders). It also has jurisdiction over neglect and some domestic violence cases. Referrals may come from Probation or as a condition from the court.

Other Court/Probation This would include town, city, criminal, supreme and county 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. This category also includes all referrals from the County Probation Department that are court-ordered as a condition of probation or directly from Probation for probationers where the determination is treatment.

Alternatives to Incarceration Other than drug court, a placement from an alternative to incarceration program operating in the court system, such as the New York City-based Drug Treatment Alternative to Prison (DTAP) program or Treatment Alternative to Street Crime (TASC) or Road to Recovery. *This does not include DWI or DWAI cases which should be reported in "Drinking 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 Correctional Services (DOCS).

NYS Department of Correctional Services This category is for use only for those offenders that are under the jurisdiction of the State prison system (DOCS), 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 as "NYS Division of Parole."*

NYS Division of Parole

Drug Courts Drug courts are special court programs within the county, city or town court system. The drug court's responsibility is to handle cases involving drug using offenders through supervision and a treatment program. All referrals coming from the drug court, *even if under the jurisdiction of the County Probation Department*, should be put in this category.

Office of Children and Family Services (OCFS) (A direct referral of a youth from an OCFS facility)

Health Care Services

Developmental Disabilities Program

Mental Health Provider

Managed Care Provider

Health Care Provider

AIDS Related Services

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 abuse precludes participation in work at the time of referral and is mandated to treatment as a condition for continued receipt of Public Assistance.

Local Social Services Treatment Mandate/Medicaid Only

Other Social Services Provider

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Other

HIGHEST GRADE COMPLETED

Enter the client's highest grade **completed at the time of admission.**

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 admission. If a client may be counted in more than one category, please choose the status which most appropriately indicates his/her status. 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 client has actively sought employment within the last 30 days.

Employed Full-Time (35 + Hrs per Week)

Employed Part-Time (<35 Hrs per Week)

Employed in Sheltered Workshop

Unemployed, In Treatment Immediately prior to this admission, the client was in a long-term residential treatment program.

Unemployed, Looking for Work

Unemployed, Not Looking for Work

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 admission.

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 pending the results of an application for SSI benefits.

Not in Labor Force–In Training

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

Not in Labor Force–Retired

Not in Labor Force–Student

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.

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.

CLIENT'S PRIMARY SOURCE OF INCOME

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 admission. If the client's Employment Status is "Not in Labor

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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

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 ALCOHOLIC/SUBSTANCE ABUSER

Enter the category that best describes the status of the client.

No

Child of Alcoholic(s)

Child of Substance Abuser(s)

Both COA and COSA

NUMBER OF CHILDREN

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

NUMBER OF CHILDREN LIVING WITH CLIENT

Enter one digit (0-9) to indicate the total number of children that the client is 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.**

NUMBER OF CHILDREN LIVING IN FOSTER CARE

Enter one digit (0-9) to indicate the total number of biological and adopted children that the client has in foster care. **Use 9 if the total number of children exceeds 9.**

CASE WITH CHILD PROTECTIVE SERVICES Enter **Yes** or **No** whether client has an ACTIVE case with Child Protective Services (CPS). An active CPS case means that the local Department of Social Services, Child Protective Service Division, or in the case of New York City, the NYC Administration for Children's

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Services, has an open case for one or more of the children associated with this particular parent whether or not the child(ren) is removed.

CRIMINAL JUSTICE INFORMATION

Please use the code that most closely reflects the client's criminal justice status at the time of admission. Note that both "Pre-Court Sentence" and "Probation" have separate codes for alternative to incarceration and non-alternative to incarceration situations.

None

Pre-Court Sentence (non-Alternative to Incarceration)

- In jail awaiting sentence
- DMV Drinking Driver Program
- Other similar categories excluding Probation

Pre-Court Sentence (Alternative to Incarceration)

- Conditional release (e.g., DTAP)
- Federal pre-trial
- Road to Recovery (non-Parole)

Probation (non-Alternative to Incarceration)

- Supervised by Probation
- PINS

Probation (Alternative to Incarceration)

- Supervised by Probation

Other Alternative to Incarceration

Drug Court, Family Drug Treatment Court or other drug court where the client sent to treatment without a pre-court sentence of probation supervision

- Road to Recovery (Parole)
- Federal Parole
- Extended Willard

Correctional-Based Setting

- Municipal/county jail (court sentenced only)
- DOCS Correctional Facility
- OFCS institutional facility
- Federal correctional facility

Post-Correctional Supervision

- DOCS community-based supervision (e.g., work release)
- Mandated OCFS aftercare supervision
- Parole mandated

Enter the number of arrests (in the six months prior to admission). An arrest should be counted if the client was legally processed and detained.

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

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 and children admitted to a Women's and Children's program may report none for a primary substance at admission.)

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Alcohol

Cocaine

Crack (Crack 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.)

Heroin

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, Alprazolam, Oxazepam, Prazepam, Triazolam, Clonazepam, Klonopin, and Halazepam.)

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.)

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

Viagra

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

Other

*For admission to a methadone program, the primary substance must be Heroin, Non-Prescription Methadone, **or** Other Opiate/Synthetic.*

ROUTE OF ADMINISTRATION

Enter the usual route of administration for each substance reported.

Inhalation

Injection

Oral

Smoking

Other

FREQUENCY OF USE

Enter the frequency of use during the past month for each substance reported.

No use in last 30 days

1-3 times in past month

1-2 times per week

3-6 times per week

Daily

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AGE OF FIRST USE

Enter the age at which each problem substance was first used (use two digits for ages 00-99). 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.**

NICOTINE

Enter **Yes or No** whether client smoked tobacco in the last week.

Enter **Yes or No** whether client used smokeless tobacco in the last week.

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.*

Pregnant (females only)

Hearing Impairment

Mobility Impairment

Other Major Physical Health Condition

Sight Impairment

Speech Impairment

MENTAL HEALTH RELATED CONDITIONS

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

Mental Retardation/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 admission either by client report or 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 a treatment plan.

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

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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, previous two items must be “Yes.”**

THE FOLLOWING ITEMS RELATE TO THE SIX-MONTH PERIOD PRIOR TO THIS ADMISSION

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