

Attachment 4

GPRA Web-based Data Entry Screens



- Home Page
- General Info ►
- Services Info ►
- Disclaimer
- Privacy Policy
- Data Collection Tools ►
- Data Entry ►
- Technical Assistance
- Reports ►
- Data Download ►
- Search
- Telephone Log

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Print

Cancel

Welcome to the new CSAT GPRA Web Site!

The SAIS web application will be down from 7:00 am to 8:00 am on Fridays for routine maintenance. We apologize for the inconvenience.

By entering your username and password, you are confirming authorized access to this application.

Please enter your username and password below.

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Data Entry

Print

The Data Entry section of the CSAT GPRA Web site allows grantees to submit their data directly to CSAT online. Grantees may:

- Enter new data
- Edit existing data



Home Page
General Info ►
Services Info ►
Disclaimer
Privacy Policy
Data Collection Tools ►
Data Entry ▼
 Administrative ►
 Services
 Best Practices ►
 Contact Us
Technical Assistance
Reports ►
Data Download ►
Search
Telephone Log

Grant Selection

[Print](#) [Find](#)

Grant Selection

GFA

Addictions Treatment for Homeless
Assertive Adolescent Family Treatment
Campus SBI
Effective Adolescent Treatment
HIV/AIDS Outreach Program

Selected GFAs

Grant # Grantee Name City State

Actions	GFA	Grantee	Grant No	City	State



- Home Page
- General Info ►
- Services Info ►
- Disclaimer
- Privacy Policy
- Data Collection Tools ►
- Data Entry ▼
 - Administrative ►
 - Services**
 - Best Practices ►
 - Contact Us
- Technical Assistance
- Reports ►
- Data Download ►
- Search
- Telephone Log

Interview Selection

Print Previous Find

* For more info on advanced features of the Query function, click "Help" in the upper right corner of this screen.

GFA: HIV/AIDS Outreach Program
Grantee Name: Bailey House, Inc. - HIV/AIDS Outreach Program
Grant #: TI15703
Grant Target: 575
Annual Target: 115

Target-to-Date: 355
Intakes-to-Date: 386
Coverage Rate: 108%

Client Interview Selection

Client ID Intake Date Status

Client Intake Records

[Add Client Intake](#)

Client ID	Intake Date	Status	Intake(0)	3 Month(0)	6 Month(0)	12 Month(0)	Discharge(0)



- Home Page
- General Info ►
- Services Info ►
- Disclaimer
- Privacy Policy
- Data Collection Tools ►
- Data Entry ▼
 - Administrative ►
 - Services**
 - Best Practices ►
 - Contact Us
- Technical Assistance
- Reports ►
- Data Download ►
- Search
- Telephone Log

Interview Selection

Print Previous Find

* For more info on advanced features of the Query function, click "Help" in the upper right corner of this screen.

GFA: HIV/AIDS Outreach Program **Target-to-Date:** 355
Grantee Name: Bailey House, Inc. - HIV/AIDS **Intakes-to-Date:** 386
 Outreach Program
Grant #: TI15703 **Coverage Rate:** 108%
Grant Target: 575
Annual Target: 115

Client Interview Selection

Client ID Intake Date Status ▼

Client Intake Records

[Add Client Intake](#)

Client ID	Intake Date	Status	Intake(387)	3 Month(0)	6 Month(230)	12 Month(60)	Discharge(90)	
001	1/27/2004	Active	View Edit Del	N/A	View Edit Del	View Edit Del	View Edit Del	▲
004	5/25/2004	Active	View Edit Del	N/A	View Edit Del	View Edit Del	View Edit Del	
009	12/2/2004	Active	View Edit Del	N/A	View Edit Del	Add	View Edit Del	
042	6/23/2005	Active	View Edit Del	N/A	View Edit Del	Add	Add	
091	8/23/2005	Active	View Edit Del	N/A	View Edit Del	Add	Add	
116	4/29/2004	Active	View Edit Del	N/A	View Edit Del	View Edit Del	View Edit Del	
121	5/12/2004	Active	View Edit Del	N/A	View Edit Del	View Edit Del	View Edit Del	
123	5/27/2004	Active	View Edit Del	N/A	View Edit Del	Add	View Edit Del	
124	6/14/2004	Active	View Edit Del	N/A	View Edit Del	View Edit Del	View Edit Del	
125	6/22/2004	Active	View Edit Del	N/A	View Edit Del	View Edit Del	View Edit Del	▼



- Home Page
- General Info ►
- Services Info ►
- Disclaimer
- Privacy Policy
- Data Collection Tools ►
- Data Entry ▼
- Administrative ►
- Services ▼
- A. Record Mgmt ▼**
- Planned Services
- Service 1
- Service 2
- Service 3
- Service 4
- Demographics
- B. Drug/Alcohol ►
- C. Family & Living
- D. Education/Emp
- E. Criminal Justice
- F. Problems & TX ►
- G. Social Connect
- Summary
- Supplemental
- Best Practices ►
- Contact Us
- Technical Assistance
- Reports ►
- Data Download ►
- Search
- Telephone Log

Discretionary Services

Client ID: 001
Grant ID: TI15703

Print Cancel Save Next

A. RECORD MANAGEMENT

Client ID

Contract/Grant ID

Client Type

Interview Type

Did you conduct a follow-up/
discharge interview?

Interview Date mm/dd/yyyy



Discretionary Services

Client ID: 001
Grant ID: TI15703

Print Cancel Save Previous Next

A. RECORD MANAGEMENT - SERVICES

PLANNED SERVICES [REPORTED BY PROGRAM STAFF ABOUT CLIENT ONLY AT INTAKE/BASELINE]

Identify the services you plan to provide to the client during the client's course of treatment/recovery

Modality

- | | | | |
|--|-------|-------------------------------------|------|
| 1. Case Management | No ▼ | 9. Detoxification (Select Only One) | |
| 2. Day Treatment | No ▼ | A. Hospital Inpatient | No ▼ |
| 3. Inpatient/Hospital (Other Than Detox) | No ▼ | B. Free Standing Residential | No ▼ |
| 4. Outpatient | Yes ▼ | C. Ambulatory Detoxification | No ▼ |
| 5. Outreach | No ▼ | 10. After Care | No ▼ |
| 6. Intensive Outpatient | No ▼ | 11. Recovery Support | No ▼ |
| 7. Methadone | No ▼ | 12. Other (Specify) | No ▼ |
| 8. Residential/Rehabilitation | No ▼ | | |



Discretionary Services

Client ID: 001
Grant ID: TI15703

Print Cancel Save Previous Next

A. RECORD MANAGEMENT - SERVICES

Treatment Services

[SBIRT GRANTS: YOU MUST SELECT 'YES' FOR AT LEAST ONE OF THE TREATMENT SERVICES NUMBERED 1 THROUGH 4.]

- | | | | |
|--------------------------------|------|--|------|
| 1. Screening | No ▼ | 8. Group Counseling | No ▼ |
| 2. Brief Intervention | No ▼ | 9. Family/Marriage Counseling | No ▼ |
| 3. Brief Treatment | No ▼ | 10. Co-Occurring Treatment/
Recovery Services | No ▼ |
| 4. Referral to Treatment | No ▼ | 11. Pharmacological Interventions | No ▼ |
| 5. Assessment | No ▼ | 12. HIV/AIDS Counseling | No ▼ |
| 6. Treatment/Recovery Planning | No ▼ | 13. Other Clinical Services (Specify) | No ▼ |
| 7. Individual Counseling | No ▼ | | |



Discretionary Services

Client ID: 001
Grant ID: TI15703

Print Cancel Save Previous Next

A. RECORD MANAGEMENT - SERVICES

Case Management Services

1. Family Services (Including Marriage Education, Parenting, Child Development Services)

No ▼

2. Child Care

No ▼

3. Employment Service

A. Pre-Employment

No ▼

B. Employment Coaching

No ▼

4. Individual Services Coordination

No ▼

5. Transportation

No ▼

6. HIV/AIDS Service

No ▼

7. Supportive Transitional Drug-Free Housing Services

No ▼

8. Other Case Management Services (Specify)

No ▼

Medical Services

1. Medical Care

No ▼

2. Alcohol/Drug Testing

No ▼

3. HIV/ AIDS Medical Support & Testing

No ▼

4. Other Medical Services (Specify)

No ▼

After Care Services

1. Continuing Care

No ▼

2. Relapse Prevention

No ▼

3. Recovery Coaching

No ▼

4. Self-Help and Support Groups

No ▼

5. Spiritual Support

No ▼

6. Other After Care Services (Specify)

No ▼



Discretionary Services

Client ID: 001
Grant ID: TI15703

[Print](#) [Cancel](#) [Save](#) [Previous](#) [Next](#)

A. RECORD MANAGEMENT - SERVICES

Education Services

1. Substance Abuse Education

No ▼

2. HIV/AIDS Education

No ▼

3. Other Education Services (Specify)

No ▼

Peer-To-Peer Recovery Support Services

1. Peer Coaching or Mentoring

No ▼

2. Housing Support

No ▼

3. Alcohol-and Drug-Free Social
Activities

No ▼

4. Information and Referral

No ▼

5. Other Peer-to-Peer Recovery
Support Services (Specify)

No ▼

[Please specify](#)



Discretionary Services

Client ID: 001
Grant ID: TI15703

Print Cancel Save Previous Next

A. RECORD MANAGEMENT - DEMOGRAPHICS

1. What is your gender? Male Other (Specify)
2. Are you Hispanic or Latino? No
- [IF YES]What ethnic group do you consider yourself? Please answer yes or no for each of the following. You may say yes to more than one.
- | | | | |
|------------------|-----------------------------|-----------------|-----------------------------|
| Central American | Not Applicable | Puerto Rican | Not Applicable |
| Cuban | Not Applicable | South American | Not Applicable |
| Dominican | Not Applicable | Other (Specify) | Not Applicable |
| Mexican | Not Applicable | | |
3. What is your race? Please answer yes or no for each of the following. You may say yes to more than one.
- | | | | |
|---|------------------|-----------------|-----------------|
| Black or African American | Yes | White | No |
| Asian | No | American Indian | No |
| Native Hawaiian or other Pacific Islander | No | | |
| Alaska Native | No | | |
4. What is your date of birth?
- Month: 4 Day: Year: 1951



Discretionary Services

Client ID: 001
Grant ID: TI15703

Print Cancel Save Previous Next

B. DRUG AND ALCOHOL USE

1. During the past 30 days, how many days have you used the following:

	# of Days	RF/DK
a. Any alcohol	0	
b1. Alcohol to intoxication (5+ drinks in one sitting)		Not Applicable
b2. Alcohol to intoxication (4 or fewer drinks in one sitting and felt high)		Not Applicable
c. Illegal drugs	0	
d. Both alcohol and drugs (on the same day)		Not Applicable



Discretionary Services

Client ID: 001
Grant ID: TI15703

Print Cancel Save Previous Next

B. DRUG AND ALCOHOL USE

2. During the past 30 days, how many days have you used any of the following:

	# of Days	RF/DK	Route
a. Cocaine/Crack	0		Not Applicable
b. Marijuana/Hashish	0		Not Applicable
c. Opiates:			
1. Heroin	0		Not Applicable
2. Morphine	0		Not Applicable
3. Diluadid	0		Not Applicable
4. Demerol	0		Not Applicable
5. Percocet	0		Not Applicable
6. Darvon	0		Not Applicable
7. Codeine	0		Not Applicable
8. Tylenol 2,3,4	0		Not Applicable
9. Oxycontin/Oxycodone	0		Not Applicable



Discretionary Services

Client ID: 001
Grant ID: TI15703

Print Cancel Save Previous Next

B. DRUG AND ALCOHOL USE

2. During the past 30 days, how many days have you used any of the following:

	# of Days	RF/DK	Route
d. Non-prescription methadone	0		Not Applicable
e. Hallucinogens/psychedelics, PCP, MDMA, LSD, Mushrooms or Mescaline	0		Not Applicable
f. Methamphetamine or other amphetamines	0		Not Applicable
g. 1. Benzodiazepines: Diazepam, Alprazolam, Triazolam, and Estazolam	0		Not Applicable
2. Barbiturates: Mephobarbital and pentobarbital sodium	0		Not Applicable
3. Non-prescription GHB	0		Not Applicable
4. Ketamine	0		Not Applicable
5. Other tranquilizers, downers, sedatives or hypnotics	0		Not Applicable
h. Inhalants	0		Not Applicable
i. Other illegal drugs (Specify)	0		Not Applicable

3. In the past 30 days, have you injected drugs? No

4. In the past 30 days, how often did you use a syringe/needle, cooker, cotton, or water that someone else used? Not Applicable



Discretionary Services

Client ID: 001
Grant ID: TI15703

Print Cancel Save Previous Next

C. FAMILY AND LIVING CONDITIONS

1. In the past 30 days, where have you been living most of the time?

[DO NOT READ RESPONSE OPTIONS TO CLIENT.]

Housed ▼

If "Housed" Own/rent apartment, room, or house ▼

Other Housed (Specify)

2. During the past 30 days, how stressful have things been for you because of your use of alcohol or other drugs?

Not at all ▼

3. During the past 30 days, has your use of alcohol or other drugs caused you to reduce or give up important activities?

Not at all ▼

4. During the past 30 days, has your use of alcohol or other drugs caused you to have emotional problems?

Not at all ▼

5. Are you currently pregnant?

Not Applicable

6. Do you have children?

Not Applicable ▼

a. How many children do you have?

Not Applicable ▼

b. Are any of your children living with someone else due to a child protection court order?

Not Applicable ▼

c. How many of your children are living with someone else due to a child protection court order?

Not Applicable ▼

d. For how many of your children have you lost parental rights?
[THE CLIENT'S PARENTAL RIGHTS WERE TERMINATED.]

Not Applicable ▼



Discretionary Services

Client ID: 001
Grant ID: TI15703

Print Cancel Save Previous Next

D. EDUCATION, EMPLOYMENT, AND INCOME

1. Are you currently enrolled in school or a job training program?

(IF ENROLLED, Is that full time or part time?)

Not enrolled ▼

Other (Specify)

2. What is the highest level of education you have finished, whether or not you received a degree?

College or university/2nd year completed/Associate's degree (AA, AS) ▼

3. Are you currently employed?*(CLARIFY BY FOCUSING ON STATUS DURING MOST OF THE PREVIOUS WEEK, DETERMINING WHETHER CLIENT WORKED AT ALL OR HAD A REGULAR JOB BUT WAS OFF WORK.)*

Unemployed, disabled ▼

Other (Specify)

4. Approximately, how much money did YOU receive (pre-tax individual income) in the past 30 days from:

RF/DK

RF/DK

- | | | | | | |
|----------------------|--------|---|--------------------------|------|------------------|
| a. Wages | \$ 0 | ▼ | e. Non-legal income | \$ 0 | ▼ |
| b. Public assistance | \$ 193 | ▼ | f. Family and/or friends | \$ | Not Applicable ▼ |
| c. Retirement | \$ 0 | ▼ | g. Other (Specify) | \$ | MISSING DATA ▼ |
| d. Disability | \$ 0 | ▼ | | | |



Discretionary Services

Client ID: 001
Grant ID: TI15703

Print Cancel Save Previous Next

E. CRIME AND CRIMINAL JUSTICE STATUS

- | | | |
|--|---|---|
| 1. In the past 30 days, how many times have you been arrested? | Times | RF/DK |
| | <input type="text" value="0"/> | <input type="text" value=""/> |
| 2. In the past 30 days, how many times have you been arrested for drug-related offenses? | | <input type="text" value="Not Applicable"/> |
| | | |
| 3. In the past 30 days, how many nights have you spent in jail/prison? | Nights | RF/DK |
| | <input type="text" value="0"/> | <input type="text" value=""/> |
| | | |
| 4. In the past 30 days, how many times have you committed a crime? | Times | RF/DK |
| | <input type="text" value=""/> | <input type="text" value="Not Applicable"/> |
| | | |
| 5. Are you currently awaiting charges, trial, or sentencing? | <input type="text" value="Not Applicable"/> | |
| | | |
| 6. Are you currently on parole or probation? | <input type="text" value="Not Applicable"/> | |



Discretionary Services

Client ID: 001
Grant ID: TI15703

Print Cancel Save Previous Next

F. MENTAL AND PHYSICAL HEALTH PROBLEMS AND TREATMENT/RECOVERY

1. How would you rate your overall health right now? Good
2. During the past 30 days, did you receive:
 - a. Inpatient Treatment for:

		nights
i. Physical complaint	No	Not Applicable
ii. Mental or emotional difficulties	No	Not Applicable
iii. Alcohol or substance abuse	No	Not Applicable
 - b. Outpatient Treatment for:

		times
i. Physical complaint	No	Not Applicable
ii. Mental or emotional difficulties	No	Not Applicable
iii. Alcohol or substance abuse	No	Not Applicable
 - c. Emergency Room Treatment for:

		times
i. Physical complaint	No	Not Applicable
ii. Mental or emotional difficulties	No	Not Applicable
iii. Alcohol or substance abuse	No	Not Applicable



Discretionary Services

Client ID: 001
Grant ID: TI15703

Print Cancel Save Previous Next

F. MENTAL AND PHYSICAL HEALTH PROBLEMS AND TREATMENT/RECOVERY

3. During the past 30 days, did you engage in sexual activity?

No ▼

Altogether, how many:

Contacts

RF/DK

a. Sexual contacts (vaginal, oral, or anal) did you have?

NA

▼

b. Unprotected sexual contacts did you have?

NA

▼

c. Unprotected sexual contacts were with an individual who is or was:

1. HIV positive or has AIDS

NA

▼

2. An injection drug user

NA

▼

3. High on some substance

NA

▼



Discretionary Services

Client ID: 001
Grant ID: TI15703

Print Cancel Save Previous Next

F. MENTAL AND PHYSICAL HEALTH PROBLEMS AND TREATMENT/RECOVERY

4. In the past 30 days, not due to your use of alcohol or drugs, how many days have you:

	Days	RF/DK
a. Experienced serious depression	0	
b. Experienced serious anxiety or tension	0	
c. Experienced hallucinations	0	
d. Experienced trouble understanding, concentrating, or remembering	0	
e. Experienced trouble controlling violent behavior	0	
f. Attempted suicide	0	
g. Been prescribed medication for psychological/emotional problem	0	

5. How much have you been bothered by these psychological or emotional problems in the past 30 days?

Not Applicable



Discretionary Services

Client ID: 001
Grant ID: TI15703

Print Cancel Save Previous Next

G. SOCIAL CONNECTEDNESS

1. In the past 30 days, did you attend any voluntary self-help groups for recovery that were not affiliated with a religious or faith-based organization? *(In other words, did you participate in a non-professional, peer-operated organization that is devoted to helping individuals who have addiction related problems such as: Alcoholics Anonymous, Narcotics Anonymous, Oxford House, Secular Organization for Sobriety, or Women for Sobriety, etc.)*

Not Applicable ▼

Times

RF/DK

Not Applicable ▼

2. In the past 30 days, did you attend any religious/faith affiliated recovery self-help groups?

Not Applicable ▼

Not Applicable ▼

3. In the past 30 days, did you attend meetings of organizations that support recovery other than the organizations described above?

Not Applicable ▼

Not Applicable ▼

4. In the past 30 days, did you have interaction with family and/or friends that are supportive of your recovery?

Not Applicable ▼

5. To whom do you turn when you are having trouble?

Not Applicable ▼

Other (Specify):



Discretionary Services

Client ID: 001
Grant ID: TI15703

A. RECORD MANAGEMENT

Client ID

Contract/Grant ID

Client Type

Interview Type

Did you conduct a follow-up/
discharge interview?

Interview Date mm/dd/yyyy

A. RECORD MANAGEMENT - SERVICES

PLANNED SERVICES [REPORTED BY PROGRAM STAFF ABOUT CLIENT ONLY AT INTAKE/BASELINE]

Identify the services you plan to provide to the client during the client's course of treatment/recovery

Modality

- | | | | |
|--|----------------------------------|-------------------------------------|---------------------------------|
| 1. Case Management | <input type="text" value="No"/> | 9. Detoxification (Select Only One) | |
| 2. Day Treatment | <input type="text" value="No"/> | A. Hospital Inpatient | <input type="text" value="No"/> |
| 3. Inpatient/Hospital (Other Than Detox) | <input type="text" value="No"/> | B. Free Standing Residential | <input type="text" value="No"/> |
| 4. Outpatient | <input type="text" value="Yes"/> | C. Ambulatory Detoxification | <input type="text" value="No"/> |



- Home Page
- General Info ►
- Services Info ►
- Disclaimer
- Privacy Policy
- Data Collection Tools ►
- Data Entry ▼
- Administrative ►
- Services ▼
- A. Record Mgmt ►
- Demographics
- B. Drug/Alcohol ►
- C. Family & Living
- D. Education/Emp
- E. Criminal Justice
- F. Problems & TX ►
- G. Social Connect
- Summary**
- Supplemental
- Best Practices ►
- Contact Us
- Technical Assistance
- Reports ►
- Data Download ►
- Search
- Telephone Log

Discretionary Services

Client ID: 001
Grant ID: TI15703

[Print](#) [Cancel](#) [Finish](#) [Save](#) [Previous](#)

5. Outreach	No	10. After Care	No
6. Intensive Outpatient	No	11. Recovery Support	No
7. Methadone	No	12. Other (Specify)	No
8. Residential/Rehabilitation	No		

A. RECORD MANAGEMENT - SERVICES

Treatment Services

[SBIRT GRANTS: YOU MUST SELECT 'YES' FOR AT LEAST ONE OF THE TREATMENT SERVICES NUMBERED 1 THROUGH 4.]

1. Screening	No	8. Group Counseling	No
2. Brief Intervention	No	9. Family/Marriage Counseling	No
3. Brief Treatment	No	10. Co-Occurring Treatment/ Recovery Services	No
4. Referral to Treatment	No	11. Pharmacological Interventions	No
5. Assessment	No	12. HIV/AIDS Counseling	No
6. Treatment/Recovery Planning	No	13. Other Clinical Services (Specify)	No
7. Individual Counseling	No		



Home Page
General Info ►
Services Info ►
Disclaimer
Privacy Policy
Data Collection Tools ►
Data Entry ▼
 Administrative ►
 Services ▼
 A. Record Mgmt ►
 Demographics
 B. Drug/Alcohol ►
 C. Family & Living
 D. Education/Emp
 E. Criminal Justice
 F. Problems & TX ►
 G. Social Connect
 Summary
Supplemental
Best Practices ►
Contact Us
Technical Assistance
Reports ►
Data Download ►
Search
Telephone Log

Discretionary ServicesClient ID: 001
Grant ID: TI15703 **A. RECORD MANAGEMENT - SERVICES****Case Management Services**

- | | | | |
|--|---------------------------------|---|---------------------------------|
| 1. Family Services (Including Marriage Education, Parenting, Child Development Services) | <input type="text" value="No"/> | 4. Individual Services Coordination | <input type="text" value="No"/> |
| 2. Child Care | <input type="text" value="No"/> | 5. Transportation | <input type="text" value="No"/> |
| 3. Employment Service | | 6. HIV/AIDS Service | <input type="text" value="No"/> |
| A. Pre-Employment | <input type="text" value="No"/> | 7. Supportive Transitional Drug-Free Housing Services | <input type="text" value="No"/> |
| B. Employment Coaching | <input type="text" value="No"/> | 8. Other Case Management Services (Specify) | <input type="text" value="No"/> |

Medical Services

- | | | | |
|-------------------------|---------------------------------|--|---------------------------------|
| 1. Medical Care | <input type="text" value="No"/> | 3. HIV/ AIDS Medical Support & Testing | <input type="text" value="No"/> |
| 2. Alcohol/Drug Testing | <input type="text" value="No"/> | 4. Other Medical Services (Specify) | <input type="text" value="No"/> |

After Care Services

- | | | | |
|-----------------------|---------------------------------|--|---------------------------------|
| 1. Continuing Care | <input type="text" value="No"/> | 4. Self-Help and Support Groups | <input type="text" value="No"/> |
| 2. Relapse Prevention | <input type="text" value="No"/> | 5. Spiritual Support | <input type="text" value="No"/> |
| 3. Recovery Coaching | <input type="text" value="No"/> | 6. Other After Care Services (Specify) | <input type="text" value="No"/> |



Home Page
General Info ►
Services Info ►
Disclaimer
Privacy Policy
Data Collection Tools ►
Data Entry ▼
 Administrative ►
 Services ▼
 A. Record Mgmt ►
 Demographics
 B. Drug/Alcohol ►
 C. Family & Living
 D. Education/Emp
 E. Criminal Justice
 F. Problems & TX ►
 G. Social Connect
 Summary
Supplemental
Best Practices ►
Contact Us
Technical Assistance
Reports ►
Data Download ►
Search
Telephone Log

Discretionary ServicesClient ID: 001
Grant ID: TI15703 **A. RECORD MANAGEMENT - SERVICES****Education Services**

1. Substance Abuse Education	Yes	3. Other Education Services (Specify)	No
2. HIV/AIDS Education	No		

Peer-To-Peer Recovery Support Services

1. Peer Coaching or Mentoring	No	4. Information and Referral	No
2. Housing Support	No	5. Other Peer-to-Peer Recovery Support Services (Specify)	No
3. Alcohol-and Drug-Free Social Activities	No		

A. RECORD MANAGEMENT - DEMOGRAPHICS

1. What is your gender?	Male	Other (Specify)	
2. Are you Hispanic or Latino?	No		

[IF YES]What ethnic group do you consider yourself? Please answer yes or no for each of the following.
You may say yes to more than one.

Central American	Not Applicable	Puerto Rican	Not Applicable
Cuban	Not Applicable	South American	Not Applicable
Dominican	Not Applicable	Other (Specify)	Not Applicable



Discretionary Services

Client ID: 001
Grant ID: TI15703

Print Cancel Finish Save Previous

1. What is your gender? Male Other (Specify)

2. Are you Hispanic or Latino? No

[IF YES] What ethnic group do you consider yourself? Please answer yes or no for each of the following.
You may say yes to more than one.

Central American	Not Applicable	Puerto Rican	Not Applicable
Cuban	Not Applicable	South American	Not Applicable
Dominican	Not Applicable	Other (Specify)	Not Applicable
Mexican	Not Applicable		

3. What is your race? Please answer yes or no for each of the following. You may say yes to more than one.

Black or African American	Yes	White	No
Asian	No	American Indian	No
Native Hawaiian or other Pacific Islander	No		
Alaska Native	No		

4. What is your date of birth?

Month: 4 Day: Year: 1951



Discretionary Services

Client ID: 001
Grant ID: TI15703

Print Cancel Finish Save Previous

B. DRUG AND ALCOHOL USE

1. During the past 30 days, how many days have you used the following:

	# of Days	RF/DK
a. Any alcohol	0	
b1. Alcohol to intoxication (5+ drinks in one sitting)		Not Applicable
b2. Alcohol to intoxication (4 or fewer drinks in one sitting and felt high)		Not Applicable
c. Illegal drugs	0	
d. Both alcohol and drugs (on the same day)		Not Applicable

B. DRUG AND ALCOHOL USE

2. During the past 30 days, how many days have you used any of the following:

	# of Days	RF/DK	Route
a. Cocaine/Crack	0		Not Applicable
b. Marijuana/Hashish	0		Not Applicable
c. Opiates:			
1. Heroin	0		Not Applicable
2. Morphine	0		Not Applicable
3. Diluadid	0		Not Applicable



Discretionary Services

Client ID: 001
Grant ID: TI15703

Print Cancel Finish Save Previous

d. Both alcohol and drugs (on the same day)

B. DRUG AND ALCOHOL USE

2. During the past 30 days, how many days have you used any of the following:

	# of Days	RF/DK	Route
a. Cocaine/Crack	0		Not Applicable
b. Marijuana/Hashish	0		Not Applicable
c. Opiates:			
1. Heroin	0		Not Applicable
2. Morphine	0		Not Applicable
3. Diluadid	0		Not Applicable
4. Demerol	0		Not Applicable
5. Percocet	0		Not Applicable
6. Darvon	0		Not Applicable
7. Codeine	0		Not Applicable
8. Tylenol 2,3,4	0		Not Applicable
9. Oxycontin/Oxycodone	0		Not Applicable

B. DRUG AND ALCOHOL USE

2. During the past 30 days, how many days have you used any of the following:



Discretionary Services

Client ID: 001
Grant ID: TI15703

B. DRUG AND ALCOHOL USE

2. During the past 30 days, how many days have you used any of the following:

	# of Days	RF/DK	Route
d. Non-prescription methadone	0		Not Applicable
e. Hallucinogens/psychedelics, PCP, MDMA, LSD, Mushrooms or Mescaline	0		Not Applicable
f. Methamphetamine or other amphetamines	0		Not Applicable
g. 1. Benzodiazepines: Diazepam, Alprazolam, Triazolam, and Estazolam	0		Not Applicable
2. Barbiturates: Mephobarbital and pentobarbital sodium	0		Not Applicable
3. Non-prescription GHB	0		Not Applicable
4. Ketamine	0		Not Applicable
5. Other tranquilizers, downers, sedatives or hypnotics	0		Not Applicable
h. Inhalants	0		Not Applicable
i. Other illegal drugs (Specify)	0		Not Applicable

3. In the past 30 days, have you injected drugs? No

4. In the past 30 days, how often did you use a syringe/needle, cooker, cotton, or water that someone else used? Not Applicable

**Discretionary Services**Client ID: 001
Grant ID: TI15703 4. In the past 30 days, how often did you use a syringe/needle, cooker, cotton, or water that someone else used? **C. FAMILY AND LIVING CONDITIONS**

- | | |
|---|---|
| 1. In the past 30 days, where have you been living most of the time?
<i>[DO NOT READ RESPONSE OPTIONS TO CLIENT.]</i> | <input type="text" value="Housed"/> |
| If "Housed" Own/rent apartment, room, or house <input type="text"/> | |
| Other Housed (Specify) <input type="text"/> | |
| 2. During the past 30 days, how stressful have things been for you because of your use of alcohol or other drugs? | <input type="text" value="Not at all"/> |
| 3. During the past 30 days, has your use of alcohol or other drugs caused you to reduce or give up important activities? | <input type="text" value="Not at all"/> |
| 4. During the past 30 days, has your use of alcohol or other drugs caused you to have emotional problems? | <input type="text" value="Not at all"/> |
| 5. Are you currently pregnant? | <input type="text" value="Not Applicable"/> |
| 6. Do you have children? | <input type="text" value="Not Applicable"/> |
| a. How many children do you have? | <input type="text" value="Not Applicable"/> |
| b. Are any of your children living with someone else due to a child protection court order? | <input type="text" value="Not Applicable"/> |
| c. How many of your children are living with someone else due to a child protection court order? | <input type="text" value="Not Applicable"/> |
| d. For how many of your children have you lost parental rights?
<i>[THE CLIENT'S PARENTAL RIGHTS WERE TERMINATED.]</i> | <input type="text" value="Not Applicable"/> |



Discretionary Services

Client ID: 001
Grant ID: TI15703

Print Cancel Finish Save Previous

D. EDUCATION, EMPLOYMENT, AND INCOME

- Are you currently enrolled in school or a job training program?
[IF ENROLLED,] Is that full time or part time? Not enrolled
Other (Specify)
- What is the highest level of education you have finished, whether or not you received a degree?
College or university/2nd year completed/Associate's degree (AA, AS)
- Are you currently employed?*[CLARIFY BY FOCUSING ON STATUS DURING MOST OF THE PREVIOUS WEEK, DETERMINING WHETHER CLIENT WORKED AT ALL OR HAD A REGULAR JOB BUT WAS OFF WORK.]* Unemployed, disabled
Other (Specify)
- Approximately, how much money did YOU receive (pre-tax individual income) in the past 30 days from:

		RF/DK			RF/DK
a. Wages	\$ 0		e. Non-legal income	\$ 0	
b. Public assistance	\$ 193		f. Family and/or friends	\$	Not Applicable
c. Retirement	\$ 0		g. Other (Specify)	\$	MISSING DATA
d. Disability	\$ 0				

E. CRIME AND CRIMINAL JUSTICE STATUS

Times RF/DK



Home Page
General Info ►
Services Info ►
Disclaimer
Privacy Policy
Data Collection Tools ►
Data Entry ▼
Administrative ►
Services ▼
A. Record Mgmt ►
Demographics
B. Drug/Alcohol ►
C. Family & Living
D. Education/Emp
E. Criminal Justice
F. Problems & TX ►
G. Social Connect
Summary
Supplemental
Best Practices ►
Contact Us
Technical Assistance
Reports ►
Data Download ►
Search
Telephone Log

Discretionary ServicesClient ID: 001
Grant ID: TI15703

a. Wages	\$ 0		e. Non-legal income	\$ 0	
b. Public assistance	\$ 193		f. Family and/or friends	\$	Not Applicable
c. Retirement	\$ 0		g. Other (Specify)	\$	MISSING DATA
d. Disability	\$ 0				

E. CRIME AND CRIMINAL JUSTICE STATUS

1. In the past 30 days, how many times have you been arrested?	Times	RF/DK
	0	
2. In the past 30 days, how many times have you been arrested for drug-related offenses?		Not Applicable
	Nights	RF/DK
3. In the past 30 days, how many nights have you spent in jail/prison?	0	
	Times	RF/DK
4. In the past 30 days, how many times have you committed a crime?		Not Applicable
5. Are you currently awaiting charges, trial, or sentencing?		Not Applicable
6. Are you currently on parole or probation?		Not Applicable



Home Page
General Info ►
Services Info ►
Disclaimer
Privacy Policy
Data Collection Tools ►
Data Entry ▼
 Administrative ►
 Services ▼
 A. Record Mgmt ►
 Demographics
 B. Drug/Alcohol ►
 C. Family & Living
 D. Education/Emp
 E. Criminal Justice
 F. Problems & TX ►
 G. Social Connect
 Summary
Supplemental
Best Practices ►
Contact Us
Technical Assistance
Reports ►
Data Download ►
Search
Telephone Log

Discretionary ServicesClient ID: 001
Grant ID: TI15703 **F. MENTAL AND PHYSICAL HEALTH PROBLEMS AND TREATMENT/RECOVERY**

1. How would you rate your overall health right now?
2. During the past 30 days, did you receive:
- a. Inpatient Treatment for: nights
- | | | | |
|--------------------------------------|---------------------------------|---------------------------------|----------------------|
| i. Physical complaint | <input type="text" value="No"/> | <input type="text" value="NA"/> | <input type="text"/> |
| ii. Mental or emotional difficulties | <input type="text" value="No"/> | <input type="text" value="NA"/> | <input type="text"/> |
| iii. Alcohol or substance abuse | <input type="text" value="No"/> | <input type="text" value="NA"/> | <input type="text"/> |
- b. Outpatient Treatment for: times
- | | | | |
|--------------------------------------|---------------------------------|---------------------------------|----------------------|
| i. Physical complaint | <input type="text" value="No"/> | <input type="text" value="NA"/> | <input type="text"/> |
| ii. Mental or emotional difficulties | <input type="text" value="No"/> | <input type="text" value="NA"/> | <input type="text"/> |
| iii. Alcohol or substance abuse | <input type="text" value="No"/> | <input type="text" value="NA"/> | <input type="text"/> |
- c. Emergency Room Treatment for: times
- | | | | |
|--------------------------------------|---------------------------------|---------------------------------|----------------------|
| i. Physical complaint | <input type="text" value="No"/> | <input type="text" value="NA"/> | <input type="text"/> |
| ii. Mental or emotional difficulties | <input type="text" value="No"/> | <input type="text" value="NA"/> | <input type="text"/> |
| iii. Alcohol or substance abuse | <input type="text" value="No"/> | <input type="text" value="NA"/> | <input type="text"/> |



Discretionary Services

Client ID: 001
Grant ID: TI15703

Print Cancel Finish Save Previous

c. Emergency Room Treatment for:

times

i. Physical complaint

No

NA

ii. Mental or emotional difficulties

No

NA

iii. Alcohol or substance abuse

No

NA

F. MENTAL AND PHYSICAL HEALTH PROBLEMS AND TREATMENT/RECOVERY

3. During the past 30 days, did you engage in sexual activity?

No

Altogether, how many:

Contacts

RF/DK

a. Sexual contacts (vaginal, oral, or anal) did you have?

NA

b. Unprotected sexual contacts did you have?

NA

c. Unprotected sexual contacts were with an individual who is or was:

1. HIV positive or has AIDS

NA

2. An injection drug user

NA

3. High on some substance

NA



Discretionary Services

Client ID: 001
Grant ID: TI15703

Print Cancel Finish Save Previous

3. I might use some substance

F. MENTAL AND PHYSICAL HEALTH PROBLEMS AND TREATMENT/RECOVERY

4. In the past 30 days, not due to your use of alcohol or drugs, how many days have you:

	Days	RF/DK
a. Experienced serious depression	0	
b. Experienced serious anxiety or tension	0	
c. Experienced hallucinations	0	
d. Experienced trouble understanding, concentrating, or remembering	0	
e. Experienced trouble controlling violent behavior	0	
f. Attempted suicide	0	
g. Been prescribed medication for psychological/emotional problem	0	

5. How much have you been bothered by these psychological or emotional problems in the past 30 days?

Not Applicable

G. SOCIAL CONNECTEDNESS

1. In the past 30 days, did you attend any voluntary self-help



Discretionary Services

Client ID: 001
Grant ID: TI15703

Print Cancel Finish Save Previous

problem

5. How much have you been bothered by these psychological or emotional problems in the past 30 days?

Not Applicable

G. SOCIAL CONNECTEDNESS

1. In the past 30 days, did you attend any voluntary self-help groups for recovery that were not affiliated with a religious or faith-based organization? *(In other words, did you participate in a non-professional, peer-operated organization that is devoted to helping individuals who have addiction related problems such as: Alcoholics Anonymous, Narcotics Anonymous, Oxford House, Secular Organization for Sobriety, or Women for Sobriety, etc.)*

	Times	RF/DK
Not Applicable		Not Applicable

2. In the past 30 days, did you attend any religious/faith affiliated recovery self-help groups?

Not Applicable		Not Applicable
----------------	--	----------------

3. In the past 30 days, did you attend meetings of organizations that support recovery other than the organizations described above?

Not Applicable		Not Applicable
----------------	--	----------------

4. In the past 30 days, did you have interaction with family and/or friends that are supportive of your recovery?

Not Applicable

5. To whom do you turn when you are having trouble?

Not Applicable

Other (Specify):



Home Page
General Info ►
Services Info ►
Disclaimer
Privacy Policy
Data Collection Tools ►
Data Entry ▼
Administrative ►
Services ▼
A. Record Mgmt
I. Follow Up
Summary
Supplemental
Best Practices ►
Contact Us
Technical Assistance
Reports ►
Data Download ►
Search
Telephone Log

Discretionary Services

Client ID: 001
Grant ID: TI15703

Print Cancel Save Next

A. RECORD MANAGEMENT

Client ID 001
Contract/Grant ID TI15703
Client Type Treatment Client
Interview Type 6-Month Follow Up
Did you conduct a follow-up/
discharge interview? No
Interview Date 10/13/2004 mm/dd/yyyy



Discretionary Services

Client ID: 001
Grant ID: TI15703

Print Cancel Save Previous Next

I. FOLLOW-UP STATUS

1. What is the follow-up status of the client?

Unable to locate, moved ▼

If "Unable to locate, other", (Specify)

2. Is the client still receiving services from your program?

Missing Dat ▼



Discretionary Services

Client ID: 001
Grant ID: TI15703

Print Cancel Finish Save Previous

A. RECORD MANAGEMENT

Client ID 001
Contract/Grant ID TI15703
Client Type Treatment Client
Interview Type 6-Month Follow Up
Did you conduct a follow-up/
discharge interview? No
Interview Date mm/dd/yyyy

I. FOLLOW-UP STATUS

1. What is the follow-up status of the client? Unable to locate, moved
If "Unable to locate, other", (Specify)
2. Is the client still receiving services from your program? Missing Data



Home Page
General Info ►
Services Info ►
Disclaimer
Privacy Policy
Data Collection Tools ►
Data Entry ▼
Administrative ►
Services ▼
A. Record Mgmt
J. Discharge
K. Services Received
►
Summary
Supplemental
Best Practices ►
Contact Us
Technical Assistance
Reports ►
Data Download ►
Search
Telephone Log

Discretionary Services

Client ID: 001
Grant ID: TI15703

Print Cancel Save Next

A. RECORD MANAGEMENT

Client ID 001
Contract/Grant ID TI15703
Client Type Treatment Client
Interview Type Discharge
Did you conduct a follow-up/
discharge interview? No
Interview Date 10/13/2004 mm/dd/yyyy



Discretionary Services

Client ID: 001
Grant ID: TI15703

Print Cancel Save Previous Next

J. DISCHARGE STATUS

1. On what date was the client discharged? 8/19/2004 mm/dd/yyyy

2. What is the client's discharge status? Termination ▼

If the client was terminated, what was the reason for termination?

Involuntarily discharged due to nonparticipation ▼

Other (Specify)



Discretionary Services

Client ID: 001
Grant ID: TI15703

Print Cancel Save Previous Next

K. SERVICES RECEIVED

Identify the number of DAYS of services provided to the client during the client's course of treatment/recovery.
[ENTER ZERO IF NO SERVICES PROVIDED.]

Modality	Days		Days
1. Case Management	280	9. Detoxification (Select Only One)	
2. Day Treatment	0	A. Hospital Inpatient	0
3. Inpatient/Hospital (Other Than Detox)	0	B. Free Standing Residential	0
4. Outpatient	0	C. Ambulatory Detoxification	0
5. Outreach	0	10. After Care	0
6. Intensive Outpatient	0	11. Recovery Support	0
7. Methadone	0	12. Other (Specify)	0
8. Residential/Rehabilitation	140		



Discretionary Services

Client ID: 001
Grant ID: TI15703

Print Cancel Save Previous Next

K. SERVICES RECEIVED

Identify the number of SESSIONS provided to the client during the client's course of treatment/recovery. [ENTER ZERO IF NO SERVICES PROVIDED.]

Treatment Services

[SBIRT GRANTS: YOU MUST HAVE AT LEAST ONE SESSION FOR ONE OF THE TREATMENT SERVICES NUMBERED 1 THROUGH 4.]

	Sessions		Sessions
1. Screening	0	8. Group Counseling	0
2. Brief Intervention	0	9. Family/Marriage Counseling	0
3. Brief Treatment	0	10. Co-Occurring Treatment/ Recovery Services	0
4. Referral to Treatment	0	11. Pharmacological Interventions	0
5. Assessment	0	12. HIV/AIDS Counseling	0
6. Treatment/Recovery Planning	0	13. Other Clinical Services (Specify)	0
7. Individual Counseling	0		



Home Page
General Info ►
Services Info ►
Disclaimer
Privacy Policy
Data Collection Tools ►
Data Entry ▼
 Administrative ►
 Services ▼
 A. Record Mgmt
 J. Discharge
 K. Services Received ▼
 Service 1
 Service 2
 Service 3
 Service 4
 Summary
 Supplemental
 Best Practices ►
 Contact Us
Technical Assistance
Reports ►
Data Download ►
Search
Telephone Log

Discretionary ServicesClient ID: 001
Grant ID: TI15703 **K. SERVICES RECEIVED****Case Management Services**1. Family Services (Including Marriage
Education, Parenting, Child
Development Services)

Sessions

2. Child Care

3. Employment Service

A. Pre-Employment

B. Employment Coaching

4. Individual Services Coordination

Sessions

5. Transportation

6. HIV/AIDS Service

7. Supportive Transitional Drug-Free
Housing Services8. Other Case Management Services
(Specify)**Medical Services**

1. Medical Care

Sessions

2. Alcohol/Drug Testing

3. HIV/ AIDS Medical Support & Testing

Sessions

4. Other Medical Services (Specify)

After Care Services

1. Continuing Care

Sessions

2. Relapse Prevention

3. Recovery Coaching

4. Self-Help and Support Groups

Sessions

5. Spiritual Support

6. Other After Care Services (Specify)



Home Page
General Info ►
Services Info ►
Disclaimer
Privacy Policy
Data Collection Tools ►
Data Entry ▼
Administrative ►
Services ▼
A. Record Mgmt
J. Discharge
K. Services Received ▼
Service 1
Service 2
Service 3
Service 4
Summary
Supplemental
Best Practices ►
Contact Us
Technical Assistance
Reports ►
Data Download ►
Search
Telephone Log

Discretionary ServicesClient ID: 001
Grant ID: TI15703 **K. SERVICES RECEIVED****Education Services**

Sessions

1. Substance Abuse Education
2. HIV/AIDS Education

Sessions

3. Other Education Services (Specify)

Peer-To-Peer Recovery Support Services

Sessions

1. Peer Coaching or Mentoring
2. Housing Support
3. Alcohol-and Drug-Free Social Activities

Sessions

4. Information and Referral
5. Other Peer-to-Peer Recovery Support Services (Specify)



Discretionary Services

Client ID: 001
Grant ID: TI15703

Print Cancel Finish Save Previous

A. RECORD MANAGEMENT

Client ID

Contract/Grant ID

Client Type

Interview Type

Did you conduct a follow-up/
discharge interview?

Interview Date

J. DISCHARGE STATUS

1. On what date was the client discharged? mm/dd/yyyy

2. What is the client's discharge status?

If the client was terminated, what was the reason for termination?

Other (Specify)

K. SERVICES RECEIVED



Discretionary Services

Client ID: 001
Grant ID: TI15703

Print Cancel Finish Save Previous

K. SERVICES RECEIVED

Identify the number of DAYS of services provided to the client during the client's course of treatment/recovery.
[ENTER ZERO IF NO SERVICES PROVIDED.]

Modality	Days		Days
1. Case Management	280	9. Detoxification (Select Only One)	
2. Day Treatment	0	A. Hospital Inpatient	0
3. Inpatient/Hospital (Other Than Detox)	0	B. Free Standing Residential	0
4. Outpatient	0	C. Ambulatory Detoxification	0
5. Outreach	0	10. After Care	0
6. Intensive Outpatient	0	11. Recovery Support	0
7. Methadone	0	12. Other (Specify)	0
8. Residential/Rehabilitation	140		

K. SERVICES RECEIVED

Identify the number of SESSIONS provided to the client during the client's course of treatment/recovery. [ENTER ZERO IF NO SERVICES PROVIDED.]



Home Page
General Info ►
Services Info ►
Disclaimer
Privacy Policy
Data Collection Tools ►
Data Entry ▼
Administrative ►
Services ▼
A. Record Mgmt
J. Discharge
K. Services Received
►
Summary
Supplemental
Best Practices ►
Contact Us
Technical Assistance
Reports ►
Data Download ►
Search
Telephone Log

Discretionary Services

Client ID: 001
Grant ID: TI15703

Print Cancel Finish Save Previous

8. Residential/Rehabilitation

140

K. SERVICES RECEIVED

Identify the number of SESSIONS provided to the client during the client's course of treatment/recovery. [ENTER ZERO IF NO SERVICES PROVIDED.]

Treatment Services

[SBIRT GRANTS: YOU MUST HAVE AT LEAST ONE SESSION FOR ONE OF THE TREATMENT SERVICES NUMBERED 1 THROUGH 4.]

Sessions		Sessions	
1. Screening	0	8. Group Counseling	0
2. Brief Intervention	0	9. Family/Marriage Counseling	0
3. Brief Treatment	0	10. Co-Occurring Treatment/ Recovery Services	0
4. Referral to Treatment	0	11. Pharmacological Interventions	0
5. Assessment	0	12. HIV/AIDS Counseling	0
6. Treatment/Recovery Planning	0	13. Other Clinical Services (Specify)	0
7. Individual Counseling	0		

K. SERVICES RECEIVED



Home Page
General Info ►
Services Info ►
Disclaimer
Privacy Policy
Data Collection Tools ►
Data Entry ▼
 Administrative ►
 Services ▼
 A. Record Mgmt
 J. Discharge
 K. Services Received
 Summary
Supplemental
Best Practices ►
Contact Us
Technical Assistance
Reports ►
Data Download ►
Search
Telephone Log

Discretionary ServicesClient ID: 001
Grant ID: TI15703[Print](#) [Cancel](#) [Finish](#) [Save](#) [Previous](#)**K. SERVICES RECEIVED****Case Management Services**1. Family Services (Including Marriage
Education, Parenting, Child
Development Services)Sessions
0

2. Child Care

0

3. Employment Service

A. Pre-Employment

0

B. Employment Coaching

0

4. Individual Services Coordination

Sessions
0

5. Transportation

0

6. HIV/AIDS Service

0

7. Supportive Transitional Drug-Free
Housing Services

0

8. Other Case Management Services
(Specify)

0

Medical Services

1. Medical Care

Sessions
0

2. Alcohol/Drug Testing

0

3. HIV/ AIDS Medical Support & Testing

Sessions
0

4. Other Medical Services (Specify)

0

After Care Services

1. Continuing Care

Sessions
0

2. Relapse Prevention

0

3. Recovery Coaching

0

4. Self-Help and Support Groups

Sessions
0

5. Spiritual Support

0

6. Other After Care Services (Specify)

0



Home Page
General Info ►
Services Info ►
Disclaimer
Privacy Policy
Data Collection Tools ►
Data Entry ▼
 Administrative ►
 Services ▼
 A. Record Mgmt
 J. Discharge
 K. Services Received
 ►
 Summary
Supplemental
Best Practices ►
Contact Us
Technical Assistance
Reports ►
Data Download ►
Search
Telephone Log

Discretionary ServicesClient ID: 001
Grant ID: TI15703 **After Care Services**

	Sessions		Sessions
1. Continuing Care	0	4. Self-Help and Support Groups	0
2. Relapse Prevention	0	5. Spiritual Support	0
3. Recovery Coaching	0	6. Other After Care Services (Specify)	0

K. SERVICES RECEIVED**Education Services**

	Sessions		Sessions
1. Substance Abuse Education	1	3. Other Education Services (Specify)	0
2. HIV/AIDS Education	0		

Peer-To-Peer Recovery Support Services

	Sessions		Sessions
1. Peer Coaching or Mentoring	0	4. Information and Referral	0
2. Housing Support	0	5. Other Peer-to-Peer Recovery Support Services (Specify)	0
3. Alcohol-and Drug-Free Social Activities	0		