

**Substance Abuse Rehabilitation Program
Patient Census Data Report**

FACILITY		QUARTER 1 2 3 4	Fiscal Year:
TREATMENT DIRECTOR:			UIC:
PHONE NUMBER		DSN	FAX
NUMBER OF COUNSELORS ON BOARD: CIVILIAN _____ MILITARY _____			
NUMBER OF GAPPED BILLETS: CIVILIAN _____ MILITARY _____			
1. Number of people screened: Active duty _____ Other Beneficiaries _____			
2. The number of people who received services at your site:			
IMPACT	ACTIVE DUTY	OTHER BENEFICIARIES	
LEVEL I			
LEVEL II			
LEVEL III			
LEVEL IV			
NO TREATMENT			
3. Average length of time to get an appointment for screening: ____ days			
4. From the time a patient is screened and recommended for treatment, how many days until treatment is available? _____			
5. Number of people enrolled/accessing Outpatient Continuing Care services: Active Duty _____ Other Beneficiaries _____			
6. Number of people completing Outpatient Continuing Care services: Active Duty _____ Other Beneficiaries _____			
7. Number of people who were recommended for services but did not receive services: _____			
8. Levels of care provided by your Substance Abuse Rehabilitation Program: Impact ____ OP ____ IOP ____ Residential ____			
_____ Signature		_____ Name/Title	

Active Duty includes any uniformed member of the United States Services to include Coast Guard. **Other Beneficiaries** includes everyone who is not Active Duty. Item #1 is intended to be a tabulation of the results of the screenings conducted at your site. Item # 2 is a tabulation of patients treated at your site.