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| **DEPARTMENT OF HEALTH SERVICES**Division of Care and Treatment ServicesF-00588 (06/2019)  | **STATE OF WISCONSIN**Wisconsin State Statutes§ 46.031(2g) |
| **PPS ALCOHOL AND OTHER DRUG ABUSE MODULE** |
| **\* = Required Field** |
| This form's sole purpose is to meet State and Federal reporting requirements of the State / County contract. Use of this form is voluntary. |
| **INDIVIDUAL SUMMARY DATA** |
| Title |       | MCI # |       |
| \*First Name      | Middle Name / Initial      | \*Last Name      |
| Name Suffix |       | \*Gender [ ]  Male [ ]  Female [ ]  Unknown |
| \*Birthdate (mm/dd/yyyy) |       |  |
| SSN (helps in obtaining unique client ID)  |       |  |
|  |  |
| **CONSUMER PROFILE DATA** |
| LOCAL AND SPECIAL INFORMATION |  |
| Local Worker ID |       | \*Brief Service [ ]  Yes [ ]  No |
| Local Family ID |       | \*Co-Dependent / Collateral [ ]  Yes [ ]  No |
| Local Client ID |       | Special Project Reporting Code |       |
| \*Agency of Responsibility |       |  |
|  |  |
| EPISODE INFORMATION |  |
| Episode Start Date (mm/dd/yyyy) |       | Episode End Date (mm/dd/yyyy) |       |
| First Contact Date (mm/dd/yyyy) |       | \*Referral Source |       |
|  |  |  |  |
| PRIMARY RESIDENCE |  |
| Address |       | County/Tribe of Residence |       |
|  |  |  |
|  City |       | Telephone |       |
|  State |       |  |
|  Zip |       |  |
|  |  |
| RACE AND ETHNICITY |  |
| \*Race [ ]  American Indian or Alaska Native [ ]  Asian [ ]  Native Hawaiian or Other Pacific Islander [ ]  White [ ]  Black [ ]  Unknown |
| \*Ethnicity [ ]  Non-Hispanic/Latino [ ]  Hispanic/Latino [ ]  Unknown |
| Co–existing Mental Illness [ ]  Yes [ ]  No [ ]  Unknown | Veteran Status [ ]  Yes [ ]  No [ ]  Unknown |
| Deaf or Hard of Hearing [ ]  Yes [ ]  No [ ]  Unknown |
| CHARACTERISTICS INFORMATION AT ADMISSION |
| Primary |     |  | Secondary |     |  |
| Tertiary |     |  |  |  |
| \*Education |     |  | \*Support Group Attendance |     |  |
| \*Number of Arrests (past 30 days |  |  | Pregnant [ ]  Yes [ ]  No |  |
| or prior to institutionalization) |     |  |  |  |
| \*Employment Status |     |  |  |  |
| \*Living Arrangement |     |  | Diagnosis |       |
|  |  |
| SUBSTANCE USE INFORMATION AT ADMISSION |
| \*Primary Substance Problem 1 |     |  | \*Usual Route of Administration Primary Substance 1 |     |
| Secondary Substance Problem 2 |     |  | Usual Route of Administration Secondary Substance 2 |     |
| Tertiary Substance Problem 3 |     |  | Usual Route of Administration Tertiary Substance 3  |     |
|  |
| \*Use Frequency Primary Substance 1  |     |  | \*Age of First Use Primary Substance 1 |     |  |
| Use Frequency Secondary Substance 2  |     |  | Age of First Use Secondary Substance 2 |     |  |
| Use Frequency Tertiary Substance 3 |     |  | Age of First Use Tertiary Substance 3 |     |  |
|  |  |  |  |  |  |
| Substance Problem at End of Episode |     |  |
|  |  |  |

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| \*First Name  | \*Last Name  | MCI #  | DOB  |
| **AODA SERVICES AND OUTCOMES** |
| **SERVICE DETAIL** |
| \*Provider WPI/NPI |       |  |
| \*SPC/Service |       |  |
| \*Unit or Basis of Measurement [ ]  Days [ ]  Hours [ ]  Other | \*Quantity of Units |       |
| Target Group |     |  |  |
| \*SPC/Service Start Date (mm/dd/yyyy) |       | \*SPC/Service End Date (mm/dd/yyyy) |       |
| SPC Delivery Month/Year (mm/yyyy) |       | \*SPC End Reason |     |  |
| SPC Review Date (mm/yyyy) |       | Service Worker ID |     |  |
|  |  |
| **CLOSING STATUS** |  |
| \*AODA Frequency of Use |     |  | \*Arrests (since admission or past 30 days) |     |
| \*Support Group Attendance |     | \*Living Arrangement |     | \*Employment Status |     |
|  |  |
| **SERVICE DETAIL** |  |
| \*Provider WPI/NPI |       |  |
| \*SPC/Service |       |  |
| \*Unit or Basis of Measurement [ ]  Days [ ]  Hours [ ]  Other | \*Quantity of Units |       |
| Target Group |     |  |  |
| \*SPC/Service Start Date (mm/dd/yyyy)  |       | \*SPC/Service End Date (mm/dd/yyyy) |       |
| SPC Delivery Month/Year (mm/yyyy)  |       | \*SPC End Reason |     |  |
| SPC Review Date (mm/yyyy) |       | Service Worker ID |     |  |
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| **SERVICE DETAIL** |  |
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| \*SPC/Service |       |  |
| \*Unit or Basis of Measurement [ ]  Days [ ]  Hours [ ]  Other | \*Quantity of Units |       |
| Target Group |     |  |  |
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| SPC Delivery Month/Year (mm/yyyy) |       | \*SPC End Reason |     |  |
| SPC Review Date (mm/yyyy) |       | Service Worker ID |     |  |
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| \*SPC/Service |       |  |
| \*Unit or Basis of Measurement [ ]  Days [ ]  Hours [ ]  Other | \*Quantity of Units |       |
| Target Group |     |  |  |
| \*SPC/Service Start Date (mm/dd/yyyy) |       | \*SPC/Service End Date (mm/dd/yyyy) |       |
| SPC Delivery Month/Year (mm/yyyy) |       | \*SPC End Reason |     |  |
| SPC Review Date (mm/yyyy) |       | Service Worker ID |     |  |
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