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| **DEPARTMENT OF HEALTH SERVICES**  Division of Care and Treatment Services  F-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) | | | | | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | | |
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| **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 | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
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| 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 | | | | | | | | | |  | | | | | | | |
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| City | |  | | | | | | | | | | | | | | | | | | | Telephone | | | | |  | | | | | | | | | | | | |
| State | |  | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| Zip | |  | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
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| 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 | | | | | | | | | | | | | | | |  |  | | |
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| 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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| **CLOSING STATUS** | | | | | | | |  | | | | | | | | | | | |
| \*AODA Frequency of Use | | | | |  | |  | \*Arrests (since admission or past 30 days) | | | | | | | | | |  | |
| \*Support Group Attendance | | | | |  | | \*Living Arrangement | |  | \*Employment Status | | | | | | | | |  |
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| **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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| **CLOSING STATUS** | | | | | | | |  | | | | | | | | | | | |
| \*AODA Frequency of Use | | | | |  | |  | \*Arrests (since admission or past 30 days) | | | | | | | | | |  | |
| \*Support Group Attendance | | | | |  | | \*Living Arrangement | |  | \*Employment Status | | | | | | | | |  |
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| **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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| **CLOSING STATUS** | | | | | | | |  | | | | | | | | | | | |
| \*AODA Frequency of Use | | | | |  | |  | \*Arrests (since admission or past 30 days) | | | | | | | | | |  | |
| \*Support Group Attendance | | | | |  | | \*Living Arrangement | |  | \*Employment Status | | | | | | | | |  |
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