STATE OF FLORIDA
SUBSTANCE ABUSE & MENTAL HEALTH
WAITING LIST FORM

(* Mandatory Fields) (Reference: Chapter 12, DCF Pam 155-2)

Client's Name:

1. *CONTRACTOR IDENTIFIER: ___ ___ - ___ ___ ___ ___ ___ ___ ___ Federal Tax Identification number	Page 12 - 3
2. *PROVIDER ID: ___ ___ - ___ ___ ___ ___ ___ ___ ___	Page 12 - 3
3. * SSN: ___ ___ - ___ ___ - ___ ___ ___ ___	Page 12 – 3
4. *PLACEMENT DATE: ___ ___ ___ ___ ___ ___ ___ ___ (Format = YYYYMMDD)	Page 12 - 3
5. *LEVEL OF CARE: ___ ___ **[01]** Mental Health Treatment Facility **[02]** Crisis stabilization Unit **[03]** Residential Level 1 **[04]** Residential Level 2 **[05]** Residential Level 3 **[06]** Residential Level 4 **[07]** Outpatient Services **[08]** Detox **[09]** Day/Night **[10]** Methadone **[11]** Other	Page 12 - 3
6. *PROGRAM: ___ **[1]** Adult SA **[2]** Children's SA **[3]** Adult SA **[4]** Children's SA **Note: Please notice that these codes are different than the program codes for other data sets!**	Page 12 - 3
7. *PLACEMENT REASON: ___ ___ **[1**] Service is not available or is not offered **[2]** Service needed is at capacity **[3]** Other	Page 12 – 3
8. *ASSESSMENT DATE: ___ ___ ___ ___ ___ ___ ___ ___ (Format = YYYYMMDD)	Page 12 – 4
9. *SITEID: ___ ___	Page 12 – 4
10. *PREGNANT:___ **[1]** Pregnant **[2]** Not Pregnant **[3]** Not Applicable	Page 12 – 4
11. *IVDRUGUSE: ___ **[1]** Yes **[2]** No	Page 12 – 4
12. *HOMELESS: ___ **[1]** Yes **[2]** No	Page 12 – 4
13. *SERVICE COUNTY: ___ ___	Page 12 - 4
14. CLIENTID: ___ ___ ___ ___ ___ ___ ___ ___ ____ ___	Page 12 - 4
15. COUNSELOR LAST NAME: (Up to 35 characters)	Page 12 - 4
16. COUNSELOR FIRST NAME: (Up to 35 characters)	Page 12 - 4
17. COUNSELOR MIDDLE NAME: (Up to14 characters)	Page 12 - 4
18. REMOVAL DATE: ___ ___ ___ ___ ___ ___ ___ ___ (Format = YYYYMMDD)	Page 12 -4
19. REMOVAL REASON: (Format = YYYYMMDD)	Page 12 - 5
20. REFERRAL PROVIDER ID: ___ ___-___ ___ ___ ___ ___ ___ ___ ___ **[1]** Receiving Referred Services **[2]** Moved out of State **[3]** Moved out of Circuit **[4]** Declined **[5]** Died **[6]** Service no Longer Appropriate **[7]** Other	Page 12 - 5
21. *TRANSTYPE: ___ **A = Add** **U = Update**	Page 12 - 5
Signature: _____ Date: _____/_____/_____	