

**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: _____ - _____ <small>Federal Tax Identification number</small> | 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 [07] Outpatient Services [02] Crisis stabilization Unit [08] Detox [03] Residential Level 1 [09] Day/Night [04] Residential Level 2 [10] Methadone [05] Residential Level 3 [11] Other [06] Residential Level 4 | 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 to 14 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 [5] Died [2] Moved out of State [6] Service no Longer Appropriate [3] Moved out of Circuit [7] Other [4] Declined | Page 12 - 5 |
| 21. *TRANSTYPE: _____ A = Add U = Update | Page 12 - 5 |
| Signature: _____ Date: ____ / ____ / ____ | |