

MONTHLY DRUG AND ALCOHOL SAFETY EDUCATIONAL PROGRAM



Part II - PROGRAM REPORTING FORM SFY '12

Agency/Provider Name _____

Month/Year _____

NUMBER OF REFERRALS

MINOR SURVEY

Incoming (DASEP)	Outgoing (DASEP)	Where was alcohol/drug obtained (for those under the age of 21)		
Number of clients:	Number of clients:		This month	Year to date
From Where (which catchment area)	Referred to (which catchment area)	Home w/o consent		
		Home w/ consent		
		Friend over 21		
		Friend under 21		
		Paid someone to purchase		
		School		
		Purchased w/ false ID		

OUT OF STATE REFERRALS

# of Out of State (rec'd)	# of Out of State (sent)
This Month	This Month
YTD	YTD

RECOMMENDATIONS TO TREATMENT

# Recommended to Treatment	# Recommended to Treatment with prior TX or Education (if known)
This Month	This Month
YTD	YTD

Prior TX refers to those who have completed an approved program.

**REHAB CERTIFICATES
NO CHARGE**

# Voided (must also be recorded in cert log)	# of Duplicates (must also be recorded in cert log)
This Month	This Month
YTD	YTD

All voided and/or damaged certificates must be mailed to the DASEP office each month.

FEES COLLECTED

ACT 1768 Education Fees Collected @ 150.00 each	Fees for out of state TX conversion @ \$25.00 each	Fees collected for in state TX conversion (admin. Fee) @ \$25.00 each	Duplicate certificates @ \$25.00 each	MODS @ \$25.00 each

TOTAL OF ALL FEES COLLECTED

TOTAL FOR CURRENT MONTH	TOTAL YEAR TO DATE

Project Director _____ Date _____
 DASEP MONTHLY REPORT PT II REVISED 7.7.11 SFY 2012 tmr