

NorthCare Network Substance Abuse Services

200 W. Spring Street, Marquette, MI 49855

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Monthly Federal Priority Populations Waiting List Exception Report

FY 2009 - 2010

SUBSTANCE ABUSE TREATMENT PROGRAM: _____

DATE: (Please check *Reported* Month)

<input type="checkbox"/> October, 2009	<input type="checkbox"/> January, 2010	<input type="checkbox"/> April, 2010	<input type="checkbox"/> July, 2010
<input type="checkbox"/> November, 2009	<input type="checkbox"/> February, 2010	<input type="checkbox"/> May, 2010	<input type="checkbox"/> August, 2010
<input type="checkbox"/> December, 2009	<input type="checkbox"/> March, 2010	<input type="checkbox"/> June, 2010	<input type="checkbox"/> September, 2010

Did SA Treatment Program (named above) have the capacity to serve all Clients with Federal Priority Codes 1, 2 or 3
(1 – Pregnant injecting drug user 2 – Pregnant non-injecting drug user 3 – Injecting drug user) within the Specified Number of Days?

Yes

No - If "No" is checked, please provide the following:

Date Deficiency Occurred:	
Date CA/CDR Notified by Telephone:	
Date Documentation Report was FAXED to CDR	

Person Submitting Report: _____

Date of Certification: _____

Due Date: Please email this Report *within* 15 days of the END of EVERY Report Month to: *Jan McCombie, Phone: 225-4435*