

NorthCare Network Substance Abuse Services

200 W. Spring Street, Marquette, MI 49855

Phone: (906) 225-7222 Toll-Free: (800) 305-6564 Fax: (906) 225-7224

Monthly Federal Priority Populations Waiting List Exception Report
FY 2008 - 2009

SUBSTANCE ABUSE TREATMENT PROGRAM: _____

DATE: (Please check *Reported* Month)

<input type="checkbox"/> October, 2008	<input type="checkbox"/> January, 2009	<input type="checkbox"/> April, 2009	<input type="checkbox"/> July, 2009
<input type="checkbox"/> November, 2008	<input type="checkbox"/> February, 2009	<input type="checkbox"/> May, 2009	<input type="checkbox"/> August, 2009
<input type="checkbox"/> December, 2008	<input type="checkbox"/> March, 2009	<input type="checkbox"/> June, 2009	<input type="checkbox"/> September, 2009

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 FAX or email this Report *within* 15 days of the END of EVERY Report Month to: *Jan McCombie, FAX: 225-7224 Phone: 225-4435*

Fiscal Year 2009

Note: This form is available in electronic format. Request your copy by emailing: jmccombi@up-pathways.org
(yes, the "e" at the end of my name is omitted purposely to make my name fit the format! ☺)

10.2008, jmc