CURES-Funded Service Recipients – Overall [OVERALL]

Funded Agency_____ Year_____

Reporting is for the month of: ___ Jan ___Mar ___ May ___ Jul ___ Sep ___ Nov

___ Feb ___Apr ___ Jun ___ Aug ___Oct ___ Dec

(Information is due for each month on the 10th of the following month – i.e., data for January is due by February 10)

Opioid STR Table B2																			
Report Period From: To:																			
Board:																			
Number of Persons Served (Unduplicated Count) for Opioid Use Disorder Recovery Support Services by Age, Sex and Race/Ethnicity																			
		Sex and Race/Ethnicity																	
Age	A. Total	B. White		C. Black or African American		D. Native Hawaiian/ Other Pacific Islander		E. Asian		F. American Indian/Alaskan Native		G. More Than One Race Reported		H. Unknown		I. Not Hispanic or Latino		J. Hispanic or Latino	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
1. 17 and under																			
2. 18-24																			
3. 25-44																			
4. 45-64																			
5. 65 and over																			
6. Total																			
7. Pregnant Women																			
Numbers of Persons Served who were admitted in a Period Prior to the start of monthly reporting Period																			