CORE Services [CORE]

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)

Project Name:	Funds:	Funded Agency:
Measure	**Data**	**Data Source**
Number of assessments		
Number of individual therapy sessions		
Number of persons engaged in intensive outpatient services		
Number of urine drug screens		
Number of persons served through sub-acute detox		
Number of persons engaged in case management		
Number of persons served in non-medical community residential treatment		