

PREVENTION SERVICES TRACKING FORM LEVEL 1 NON-PARTICIPANT SPECIFIC

CDS Family & Behavioral Health Services, Inc.

STAFF ID/ NAME: _____ / _____ TIME: from: _____ to: _____ Add time: _____
 DATE: _____ from: _____ to: _____ Add time: _____

<p>POS:</p> <input type="checkbox"/> Williams ES (Alachua) <input type="checkbox"/> Williston ES (Levy) <input type="checkbox"/> Williston MS (Levy) <input type="checkbox"/> Bronson ES (Levy) <input type="checkbox"/> Chiefland ES (Levy) <input type="checkbox"/> Westwood MS (Alachua) <input type="checkbox"/> Howard Bishop MS (Alachua) <input type="checkbox"/> Lincoln MS (Alachua) <input type="checkbox"/> Cedar Key School (Levy) <input type="checkbox"/> Yankeetown School (Levy) <input type="checkbox"/> Other Setting- Specify below:	<p>Funding Source: <input type="checkbox"/> SAMH <input type="checkbox"/> PPG</p> <p>Funding Type: <input type="checkbox"/> CSA <input type="checkbox"/> ASA</p> <p>IOM Target: <input type="checkbox"/> Universal Direct <input type="checkbox"/> Universal Indirect <input type="checkbox"/> Selective</p> <p>Problem Targeted:</p> <input type="checkbox"/> ATOD- Low Perception of Harm <input type="checkbox"/> ATOD – Perceived Risk/ Harm <input type="checkbox"/> Increase Health Skills – SEM	<p>Total Time: _____ Direct: _____</p> <p>Support: _____ Travel: _____</p> <p style="text-align: center;"><i>Direct, Support, and Travel Time MUST equal Total Time</i></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Gender:</td> <td style="width: 33%;"># Male:</td> <td style="width: 33%;"># Female:</td> </tr> <tr> <td colspan="2">Age Group:</td> <td>Race:</td> </tr> <tr> <td>0 to 4</td> <td></td> <td>White</td> </tr> <tr> <td>5 to 11</td> <td></td> <td>Black</td> </tr> <tr> <td>12 to 14</td> <td></td> <td>Asian</td> </tr> <tr> <td>15 to 17</td> <td></td> <td>Native</td> </tr> <tr> <td>18 to 20</td> <td></td> <td>Multi</td> </tr> <tr> <td>21 to 24</td> <td></td> <td rowspan="3">Ethnicity:</td> </tr> <tr> <td>25 to 44</td> <td></td> </tr> <tr> <td>45 to 64</td> <td></td> </tr> <tr> <td>65+</td> <td></td> <td></td> </tr> </table>	Gender:	# Male:	# Female:	Age Group:		Race:	0 to 4		White	5 to 11		Black	12 to 14		Asian	15 to 17		Native	18 to 20		Multi	21 to 24		Ethnicity:	25 to 44		45 to 64		65+		
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Block Grant Code: _____

<p>FREQUENTLY USED</p> <p>PROBLEM ID AND REFERRAL</p> <input type="checkbox"/> 32 Student Assistance Programs <input type="checkbox"/> 34 Other Problem ID and Referral (Ex. Assessment and Referral, Counseling) <p>EDUCATION & TRAINING SERVICES</p> <input type="checkbox"/> 42 Systematic Planning (EBP Lesson Planning and Preparation. Was Prevention Technical Assistance) <hr/> <p>EDUCATION & TRAINING SERVICES</p> <input type="checkbox"/> 11 Parenting and Family Management <input type="checkbox"/> 12 Ongoing Classroom and/or small Group Sessions (Drug Education) <input type="checkbox"/> 13 Peer Leader / Helper Programs <input type="checkbox"/> 14 Education Programs for Youth Groups <input type="checkbox"/> 15 Mentoring <input type="checkbox"/> 17 Other Education <input type="checkbox"/> 41 Prevention Training (Community and Volunteer Training)	<p>INFORMATION DISSEMINATION SERVICES</p> <input type="checkbox"/> 1 Clearinghouse/Information Resources Centers <input type="checkbox"/> 2 Resource Directories <input type="checkbox"/> 3 Media Campaigns <input type="checkbox"/> 6 Speaking Engagements <input type="checkbox"/> 7 Health Fairs and Other Health Promotion (Conferences, Meetings, etc.) <input type="checkbox"/> 9 Other Information Dissemination <input type="checkbox"/> 9a Dissemination Print Media (not brochures) <input type="checkbox"/> 9d Community-Wide Awareness <p>ALTERNATIVE SERVICES</p> <input type="checkbox"/> 21 Drug-Free Dances and Parties <input type="checkbox"/> 22 Youth / Adult Leadership Activities <input type="checkbox"/> 24 Community Service Activities <input type="checkbox"/> 26 Recreation Activities <input type="checkbox"/> 27 Other Alternatives. (Tutoring, Youth Group Support)	<p>COMMUNITY-BASED PROCESSES</p> <input type="checkbox"/> 42 Coalition Support. (Ex. Needs and Resource Assessment, Strategic Planning) <input type="checkbox"/> 43 Multi-Agency Coordination and Collaboration <p>ENVIRONMENTAL SERVICES</p> <input type="checkbox"/> STV01A Coalition Support <input type="checkbox"/> 51 Promoting the establishment or review of alcohol, tobacco, and drug use <input type="checkbox"/> 55 Other Environmental Strategy <input type="checkbox"/> 55a Environmental Strategies, Illegal Drugs <input type="checkbox"/> 55b Environmental Strategies, RX or OTC <input type="checkbox"/> 55c Environmental Strategies, Tobacco <input type="checkbox"/> 55d Environmental Strategies, Alcohol <hr/> <p>ATOD</p> <input type="checkbox"/> Retail Access <input type="checkbox"/> Social Access <input type="checkbox"/> Social Norms
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NOTES: (What service was provided and reason it was rendered)

(electronically signed)

Signature	Title	Date
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