

2019-20 WRAP Data Collection Form
Complete at end of quarter for each WRAP Client

Client Name		DOB:
Form Completed by:		Date:
Year Being Reported:	Circle one: 2019 2020	
Quarter Being Reported:	Circle one: Q1 (Jan-Mar) Q2 (Apr-Jun) Q3 (Jul-Sep) Q4 (Oct-Dec)	

Data Element	RESPONSE	#
RISK ASSESSMENT		
Received this quarter?		K
Type of assessment?		K
Assessed risk level?		K
CASE MANAGEMENT		
Received this quarter?		7
Received a case or transition plan for the 1 st time this quarter?		7
MENTAL HEALTH SERVICES		
Assessed for services this quarter?		8
Received services this quarter?		9
Received for 1 st time this quarter?		10
Sent to a hospital or inpatient MH facility due to MH crisis this quarter?		
SUBSTANCE USE DISORDER SERVICES		
Assessed for services this quarter?		11
Received services this quarter?		12
Received for 1 st time this quarter?		13
Enrolled at least 90 days in substance use disorder program?		14
If above is yes, was person tested for use of alcohol or illicit substances?		14
If tested, did person test positive on any test?		14
CO-OCCURRING DISORDER SERVICES		
Assessed for services this quarter?		15
Received services this quarter?		16
If yes, what type? (Parallel, Sequential, Integrated?)		
Received for 1 st time this quarter?		17
MEDICATION ASSISTANT TREATMENT (MAT)		
Eligible for MAT this quarter?		30
Received MAT this quarter?		30
If yes, what type? (Methadone, Suboxone, Naltrexone/Vivitrol?)		
COGNITIVE-BASED SERVICES		
Assessed for services this quarter?		15
Received services this quarter?		16
If yes, what type? (T4C)		
Received for 1 st time this quarter?		17
TRANSPORTATION		
Assessed for services this quarter?		
Received service this quarter?		
Type of services received?		

Data Element	RESPONSE	#
HOUSING SERVICES		
Assessed services this quarter?		26
If yes, standard or supportive?		26
Received services this quarter?		27
If yes, standard or supportive?		26
If yes, did person obtain housing this quarter?		26
If yes, was person housed for 90 days or more?		29
Received for 1 st time this quarter?		28
If yes, standard or supportive?		26
EDUCATION SERVICES		
Assessed for services this quarter?		22
Received services this quarter?		23
If yes, received GED certificate?		25
If yes, received HS diploma?		25
If yes, earned vocational certificate?		25
If yes, earned higher ed degree?		25
Received for 1 st time this quarter?		24
EMPLOYMENT SERVICES		
Assessed for services this quarter?		18
If yes, standard or supportive?		18
Received services this quarter?		19
If yes, standard or supportive?		19
If yes, did person obtain a job this quarter?		
If yes, did person maintain job for 90 days or more?		21
Received for 1 st time this quarter?		20
If yes, standard or supportive?		18
PRO-SOCIAL SERVICES		
Assessed for services this quarter?		
Received services this quarter?		
If yes, type of services received? (YMCA, other)		
Received for 1 st time this quarter?		
HEALTH INSURANCE SERVICES		
Did person already have health ins?		40
If yes, what type of coverage? (Private, Medicare, VA, MA)		
If no, was person eligible for health insurance?		
If eligible, was person enrolled in health care coverage this quarter?		
If enrolled, what type of coverage? (private/MA)		
OTHER SERVICES		
List other services received this quarter (ID card, legal services, etc)		