



**Residential Rehabilitation Units (Capacity over 500 ONLY)**

Facility Name:

Facility Staff:

Date:



		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
<b>TOTAL</b>	Individuals in RRU's													
<b>AGE</b>	18-21													
	22-54													
	55+													
<b>RACE</b>	Asian													
	Black													
	White													
	Other/Unknown													
<b>GENDER</b>	Male													
	Female													
	Other/Unknown													
<b>OTHER</b>	Special Health Accommodations/Needs													
	Substance Abuse Program Participants													
	Pregnant or within 8 weeks of giving birth													

**Please, save this form to your computer and complete the information contained within. If the submit button does not work with your facility's individual technology settings, send the file (not a scan or copy) to [liberty@scoc.ny.gov](mailto:liberty@scoc.ny.gov), with the subject: HALT Reporting 2023 Submission.**