

# Prevention MDS 4.1 Data Entry Form – Single Services

Staff ID  _____	Provider ID  _____	Substate (County Code)  _____	Service Code (S/R)  <b>S</b>
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<b>Service Type</b>	<b>Service Date</b> (mm/dd/yyyy)	<b>Name of Group</b> (20 characters only)			<b>Unit Count</b>
S T _____					
<b>Service Population:</b>	<b>Attendees:</b> (Male)	<b>Attendees:</b> (Female)	<b>Total Present:</b>	<b>Counts Estimated?</b> (Yes/No)	
S P _____					
<b>Attendees by Age:</b> (Totals must equal total number of male and female attendees.)			<b>Attendees by Hispanic Origin</b> (Totals must equal total number of male & female attendees by age.)		
0-4 _____	18-20 _____	Hispanic or Latino _____		Not Hispanic or Latino _____	
5-11 _____	21-24 _____				
12-14 _____	25-44 _____				
15-17 _____	45-64 _____				
		65 & Over _____			
<b>Attendees by Racial Category:</b> (Totals must equal or be greater than total male & female attendees.)			<b>Attendees that selected more than one race:</b>	<b>Attendees by other Demographic Category:</b>	
American Indian/Alaska Native _____	Native Hawaiian or other Pacific Islander _____			Cuban _____	Dominican _____
Asian _____	White _____			Mexican/Chicano _____	Puerto Rican _____
Black/African American _____				Other Hispanic/Latino _____	
<b>Primary R/P Factor</b> (Required)	<b>Secondary R/P Factor</b> (Optional)	<b>IOM Category</b> (Required)	<b>Funding Source</b> (Optional)	<b>Hrs of Direct Service</b> (Optional)	
<b>Hrs of Indirect Service</b> (Optional)	<b>Zip Code</b> (Optional)	<b>Evaluation Method</b> (Required)	<b>Evidence-Based Practice</b> (Yes/No) (Required)	<b>Local Data</b> (Optional)	

<b>Service Type</b>	<b>Service Date</b> (mm/dd/yyyy)	<b>Name of Group</b> (20 characters only)			<b>Unit Count</b>
S T _____					
<b>Service Population:</b>	<b>Attendees:</b> (Male)	<b>Attendees:</b> (Female)	<b>Total Present:</b>	<b>Counts Estimated?</b> (Yes/No)	
S P _____					
<b>Attendees by Age:</b> (Totals must equal total number of male and female attendees.)			<b>Attendees by Hispanic Origin</b> (Totals must equal total number of male & female attendees by age.)		
0-4 _____	18-20 _____	Hispanic or Latino _____		Not Hispanic or Latino _____	
5-11 _____	21-24 _____				
12-14 _____	25-44 _____				
15-17 _____	45-64 _____				
		65 & Over _____			
<b>Attendees by Racial Category:</b> (Totals must equal or be greater than total male & female attendees.)			<b>Attendees that selected more than one race:</b>	<b>Attendees by other Demographic Category:</b>	
American Indian/Alaska Native _____	Native Hawaiian or other Pacific Islander _____			Cuban _____	Dominican _____
Asian _____	White _____			Mexican/Chicano _____	Puerto Rican _____
Black/African American _____				Other Hispanic/Latino _____	
<b>Primary R/P Factor</b> (Required)	<b>Secondary R/P Factor</b> (Optional)	<b>IOM Category</b> (Required)	<b>Funding Source</b> (Optional)	<b>Hrs of Direct Service</b> (Optional)	
<b>Hrs of Indirect Service</b> (Optional)	<b>Zip Code</b> (Optional)	<b>Evaluation Method</b> (Required)	<b>Evidence-Based Practice</b> (Yes/No) (Required)	<b>Local Data</b> (Optional)	

# Prevention MDS 4.1 Data Entry Form – Recurring Services

Staff ID  _____	Provider ID  _____	Substate (County Code)  _____	Service Code (S/R)  <b>R</b>
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Service Type  S T _____	Service Date (mm/dd/yyyy)	Name of Group (20 characters only)			Unit Count
Session Number	Activity Code	Activity Description			
Service Population:  S P _____	Attendees: (Male)	Attendees: (Female)	Total Present:	Number Completed:	Counts Estimated? (Yes/No)
Attendees by Age: (Totals must equal total number of male and female attendees.)			Attendees by Hispanic Origin (Totals must equal total number of male & female attendees by age.)		
0-4 _____	18-20 _____	Hispanic or Latino _____		Not Hispanic or Latino _____	
5-11 _____	21-24 _____				
12-14 _____	25-44 _____				
15-17 _____	45-64 _____				
		65 & Over _____			
Attendees by Racial Category: (Totals must equal or be greater than total male & female attendees.)			Attendees that selected more than one race:	Attendees by other Demographic Category:	
American Indian/Alaska Native _____ Native Hawaiian or other Pacific Islander _____				Cuban _____ Dominican _____	
Asian _____ Black/African American _____ White _____				Mexican/Chicano _____ Puerto Rican _____	
				Other Hispanic/Latino _____	
Primary R/P Factor (Required)	Secondary R/P Factor (Optional)	IOM Category (Required)	Funding Source (Optional)	Hrs of Direct Service (Optional)	
Hrs of Indirect Service (Optional)	Zip Code (Optional)	Evaluation Method (Required)	Evidence-Based Practice (Yes/No) (Required)	Local Data (Optional)	

Service Type  S T _____	Service Date (mm/dd/yyyy)	Name of Group (20 characters only)			Unit Count
Session Number	Activity Code	Activity Description			
Service Population:  S P _____	Attendees: (Male)	Attendees: (Female)	Total Present:	Number Completed:	Counts Estimated? (Yes/No)
Attendees by Age: (Totals must equal total number of male and female attendees.)			Attendees by Hispanic Origin (Totals must equal total number of male & female attendees by age.)		
0-4 _____	18-20 _____	Hispanic or Latino _____		Not Hispanic or Latino _____	
5-11 _____	21-24 _____				
12-14 _____	25-44 _____				
15-17 _____	45-64 _____				
		65 & Over _____			
Attendees by Racial Category: (Totals must equal or be greater than total male & female attendees.)			Attendees that selected more than one race:	Attendees by other Demographic Category:	
American Indian/Alaska Native _____ Native Hawaiian or other Pacific Islander _____				Cuban _____ Dominican _____	
Asian _____ Black/African American _____ White _____				Mexican/Chicano _____ Puerto Rican _____	
				Other Hispanic/Latino _____	
Primary R/P Factor (Required)	Secondary R/P Factor (Optional)	IOM Category (Required)	Funding Source (Optional)	Hrs of Direct Service (Optional)	
Hrs of Indirect Service (Optional)	Zip Code (Optional)	Evaluation Method (Required)	Evidence-Based Practice (Yes/No) (Required)	Local Data (Optional)	