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| **Injecting Drug Users 90% Capacity Treatment Report** | | | | |
| This report is due the 15th of the month following the last month of the quarter. Submit this report to [TXreports@midstatehealthnetwork.org](mailto:TXreports@midstatehealthnetwork.org) ONLY if there is data to report. If reporting “NA”, there is no need to submit this report | | | | |
|  | | | | |
| **Fiscal Year:** |  | | | |
| **Provider Name:** |  | | | |
| **Contact Person:** |  | | | |
| **Contact Person's Email Address:** |  | | | |
| **Report Quarter:** | Q1 \_\_\_\_ Q2 \_\_\_\_ Q3\_\_\_\_ Q4\_\_\_\_ | | | |
| **Did IDU Provider Reach 90% Capacity During the Quarter?** | Yes \_\_\_\_\_\_\_ No \_\_\_\_\_\_\_ | | | |
|  |  |  |  |  |
| **Column A** | **Column B** | **Column C** | **Column D** | **Column E** |
| **Name of Provider Serving Injecting Drug Users at or Above 90% Capacity During the Quarter** | **Start Date of Being at 90% Capacity** | **End Date of Being at 90% Capacity** | **License Number** | **Inventory of Behavioral Health Services Number (I-BHS #)** |
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