

## AODA PROGRAM PERFORMANCE REPORT

**Use of form:** Substance abuse providers receiving grant awards from the Division of Mental Health and Substance Abuse Services are required to complete this form semi-annually.

**Instructions:** Instructions for completing this form are available from the Bureau of Prevention Treatment and Recovery.

Mail to: Department of Health Services  
Division of Mental Health and Substance Abuse Services  
Bureau of Prevention Treatment and Recovery  
ATTN: Contract Administrator  
P.O. Box 7851, Madison, WI 53707-7851  
Fax Number: (608) 266-1533

Report Period:	<input type="checkbox"/> January - June <input type="checkbox"/> July - December	Date - Report Submitted
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### A. PROJECT IDENTIFICATION INFORMATION

Name - State Grant Program

Name - Local Project

Name - Agency

City

Name - Project Contact

Telephone Number

### B. WORK PLAN OR TIMETABLE PROGRESS NARRATIVE

1. Describe progress on project work plan or timetable; e.g., hiring staff, training / orientation, site development.

2. Describe general problems or delays the project is experiencing and plans or efforts undertaken to resolve them.

3. Describe identified project needs; e.g., set up formal client waiting list, technical assistance and / or training needs, budget revisions, no-cost extension, new or modified service component, etc.

**C. SERVICE UTILIZATION PROGRESS AND NARRATIVE**

1. Describe whether plans were achieved with respect to target group and service area in the past six-month period. Attach additional pages if needed.

Service	Target Group	This Period		Year-to-Date	
		Planned	Actual	Planned	Actual

2. Describe how utilization was evaluated. If service usage levels were not achieved, describe the plans or efforts of corrective action which were undertaken to resolve them.

3. Report the number of unduplicated clients served across all programs	<b>This Period</b>	<b>Year-to-Date</b>
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**D. CLIENT OUTCOMES PROGRESS**

1. List outcomes to evaluate program effectiveness.

2. Results for period.

3. How was the information used?

<b>SIGNATURE</b> - Agency / Program Authority	Date Signed
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