



Syringe Service Enrollment and Daily Log Form

Rev. 07-01-17 DVZ/dvz/jjm

Name of Agency or Public Health Office: (No abbreviations, please)											
Exchange location - address/cross-streets (Optional):											
Visit Type:	Participant Code:			Syringes: (Collected & Distributed)		Navigation Codes: (Linkage to Care): when assistance to services is provided - not when referral phone numbers, pamphlets, or lists are provided			Staff & Agency Information:		
	Date	Check only if first enrollment/visit	First 2 letters of first name	First 2 letters of mother's first name	2-digit year of birth	Number of syringes collected	Number of syringes distributed	1st navigation assistance code (required)	2nd navigation assistance code (optional)	Staff initials	Notes - optional: (these are for local use only) Remember, no PHI

- 0 – None provided;
- 1a – HIV; 1b – HCV; 1c STD; 7 – Job/employt servs;
- 2 – Substance treatment; 8 – Naloxone (Narcan);
- 3 – Healthcare services; 9 – Other;
- 4 – Housing; 10 – Food bank/services;
- 5 – Social services/Behavioral health

Notes - optional:
(these are for local use only)
Remember, no PHI