



**SYRINGE SERVICES BIENNIAL REPORT**  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DISEASE CONTROL AND FORENSIC PATHOLOGY  
SFN 62364 (7-2023)

### Agency Information

Agency Name	Telephone Number	Reporting Period
Agency Contact	Email Address	
Physical Address	City	Zip

### Event Totals

Number Participants Served	Number of New Participants
Approximate Number of Syringes Collected	Number of Syringes Distributed
Number of Individuals Referred to Testing Services	Number of Individuals Receiving Testing Services For: HIV      Hepatitis      Chlamydia/Gonorrhea      Syphilis
Number of Individuals Who Received HIV/HCV/STD Education	Number of Doses of Naloxone Distributed
Number of Condoms Distributed	Number of Individuals Referred to Treatment Services

### Demographic Information—Please report on deduplicated clients served in the reporting period

<b>Gender (specify total number served)</b>						
Male	Female	Transgender Male	Transgender Female	Other	Unknown	Declined
<b>Race (specify total number served)</b>						
Black/AA	White	AI/AN	Asian	Native Hawaiian/PI	Other	Multiracial
Unknown	Declined	Hispanic/Latino				
<b>Current Living Status (specify total number served)</b>						
Permanent	Car/Vehicle	Homeless	Shelter	Declined	Other	
<b>Substances Used within Last 30 Days (total number, can be multiple per person) * not as prescribed</b>						
Heroin	Methamphetamine/Speed		Crack/Cocaine			
Methadone (not as prescribed)	Suboxone/Subutex *		Prescription Pain Medication *			
Cannabis/Marijuana	Spice		Other			
<b>Number of Clients by County of Residence (ND Counties ONLY – list out of state counties by state only)</b>						
County	Total	County	Total	State	Total	
				MN		
				SD		

### Progress Report

Please enter your sites goals and objectives that were submitted as part of your application process.

Objective	Target	Current Progress	Progress Narrative

**Report To:** This report is to be submitted 15 days after the previous reporting period to remain in compliance with reporting requirements. Failure to do so may result in termination of authorization of the program.

January 1 – June 30  
July 1 – December 31

Due: July 15  
Due: January 15 of the next year

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