



# SYRINGE SERVICES BIENNIAL REPORT

NORTH DAKOTA DEPARTMENT OF HEALTH  
 DIVISION OF DISEASE CONTROL  
 Revised 01/2020

## 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 ___ HIV ___ Hepatitis C ___ 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

Gender: ___ Male ___ Female ___ Transgender Female ___ Transgender Male ___ Other ___ Unknown ___ Declined	Race: ___ Black/AA ___ White ___ AI/AN ___ Asian ___ Native Hawaiian/PI ___ Other Race ___ Multi-Racial ___ Unknown Race ___ Declined Race ___ Hispanic/Latino
Current Living Status: ___ Permanent Residence ___ Car/Vehicle ___ Homeless ___ Shelter ___ Declined ___ Other	
Number of Clients by County of Residence (ND counties only, List out of state counties by state only) County: _____ Number: _____ County: _____ Number: _____ County: _____ Number: _____ County: _____ Number: _____ County: _____ Number: _____ SD: _____ MN: _____	Substances Used within Last 30 Days: (can be multiple per person) ___ Heroin ___ Methamphetamine/Speed ___ Crack/Cocaine ___ Methadone (not as prescribed) ___ Saboxone/Subotex (not as prescribed) ___ Prescription Pain Medication (not as prescribed) (codeine, Vicodin, OxyContin, Hydrocodone, Percocet, Fentanyl, etc.) ___ Cannabis/Marijuana ___ Spice ___ Other ___ Benzodiazepines (Benzos, Ativan, Xanax, etc.)

## 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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 Fax: 701.328.2499