



(Month/Year) \_\_\_\_\_ Monthly IROC/SOR Report (Center) \_\_\_\_\_

Referral Source	# 1st Time Individuals (Include Intake Forms)	# Intake GPRA Done (Include GPRA)	# of 6 Month GPRA (GPRA Included)	# of Attempted 6 Month GPRA (Include documented attempts)	# of Discharge GPRA (GPRA included)	# of Attempted Discharge GPRA (Include documented attempts)	Comments:
BPA Provider							
Crisis Center							
Hospital/Emergency Department							
Criminal Justice P&P							
Jail/Prison Reentry							
Walk-In							
Other							

Service Provided	One-One Recovery Coaching	Recovery Companion	Criminal Justice	Recovery Support Groups	Sober Recreation Activities	Community Focused Events	Other
Total # of Contacts							
Comments							