



New Hampshire Syringe Services Program Quarterly Reporting Form

Report Date: ____ / ____ / ____

- Organizations operating syringe services programs in New Hampshire must register with the department of health and human services and confirm registration annually on or before November 1 of each subsequent year.
- Organizations operating syringe services programs must report syringe services program activities to the department quarterly. The requested reporting schedule is provided below.
- For questions about this form, call the Bureau of Infectious Disease Control at 603-271-4496.

Organization Information

Name _____

Address _____ City/Town _____ State _____ Zip _____

Person Completing this Report: _____

Phone Number: _____ Email: _____

Reporting Time Period

Report Time Period	Report submission requested by
<input type="checkbox"/> January 1 – March 31	April 30
<input type="checkbox"/> April 1 – June 30	July 31
<input type="checkbox"/> July 1 – September 30	October 31
<input type="checkbox"/> October 1 – December 31	January 31

Syringe Services Provided

Number of needles/syringes distributed	
Number of needles/syringe taken back	
Number of HIV tests performed by SSP	
Number of clients delivered HIV care by SSP	
Number of clients referred to HIV testing	
Number of clients referred to HIV care	
Number of HCV tests performed by SSP	
Number of clients delivered HCV care by SSP	
Number of clients referred to HCV testing	
Number of clients referred to HCV care	
Number of clients delivered substance misuse treatment/services by SSP	
Number of clients referred to substance misuse treatment/services	
Number of Naloxone kits dispensed*	

* Reporting on this activity is voluntary and not required by law.

Submit completed report form by email or fax to:
FAX: (603) 271-0545 Email: nhbidc@dhhs.nh.gov