Print Form

ES-4412
10-10

Solutions Recovery Care Coordination (SRCC) EES Referral, Report and Turn-Around Document

Customer: _____ SSN: _____ Date: _____

Address: _____ Telephone #: _____

EES Case Manager: _____ Telephone#: _____

I understand that failure to attend an alcohol and other drug assessment appointment and/or comply with further assessment and/or treatment activities without good cause will result in a work program penalty and loss of assistance. Further, I authorize the release of referral and status change information as may be required for program administration.

Participant Signature _____

SASSI indicates high / low probability of having a substance dependence disorder (circle one)

Client has been referred for an assessment: ☐ Yes ☐ No Date: _____

Appointment for Assessment Made? ☐ Yes ☐ No

If Yes: Apt Date and Time: _____ Place: _____

SRCC/Assessment Counselor _____ TELEPHONE NUMBER _____

CHANGE IN CUSTOMER STATUS (Please check all that apply)

Cash closing for: ☐ Penalty ☐ Life-time ☐ Income ☐ Customer Request ☐ Other Date _____

Customer remains eligible for SRCC services: ☐ Yes ☐ No

IST requested: Date _____ Location _____

Kansas Client Placement Criteria (KCPC) Indicates:

☐ No Treatment Recommended

Date _____

☐ Client Referred to the following Level of Treatment Services:

- ☐ Level I Outpatient
- ☐ Level II 1. Intensive Outpatient
- ☐ Level III 1. Reintegration
- ☐ Level III 2-d Social Detox
- ☐ Level III 3. Intermediate
- ☐ Level III 5. Adolescents

Treatment Program Referred to: _____

Date _____

SRCC Worker _____

Telephone No. _____

POST SASSI REFERRAL BY EES CASE WORKER Please mark all that apply

- ☐ Two or more affirmative indications from the CAGE, SASSI and/or the Self Assessment Form.
- ☐ Well-documented incidence of intoxication while in the DCF office.
- ☐ Dismissal from employment or work program activity for substance abuse related causes.
- ☐ Any substance abuse related legal problems that carry current consequences.
- ☐ Repeated failures of not showing for appointments or not following through with assignments.
- ☐ Clent admission or medical diagnosis that an alcohol and/or drug abuse or dependency exists.
- ☐ Positive drug screen at work placement.
- ☐ Rule out substance abuse from other assessment tools (psych evaluation or Vocational Assessment)
- ☐ A report (CS 1001) from PPS alleging substance usage by a pregnant woman.

Date _____