

**SRS EES Case Worker
Solutions Recovery Care Coordination (SRCC) Referral Form**
Documentation of the reason(s) for the referral for SRCC services.

EES WORKER'S NAME

DATE

EES WORKER CONTACT INFORMATION

CLIENT NAME

SOCIAL SECURITY NUMBER

ADDRESS

CITY

ZIP

TELEPHONE NUMBER

SRCC SCREEN

- | | | |
|--------------------------------------|-----------|----------|
| 1. TAF Participant | Yes _____ | No _____ |
| 2. Completed D/A Assessment (KCPC) | Yes _____ | No _____ |
| 3. Substance Abuse Issue Identified? | Yes _____ | No _____ |
| 4. Other Indicators from SRS | Yes _____ | No _____ |

*please indicate by checking the appropriate indicator(s)

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

The following information is forwarded to: _____

SRCC Name

- Self Assessment Form
- Work Readiness Form
- Number of Months TAF Assistance Received: _____
- Number of Weeks in Job Search Job Readiness Activities (year to date): _____

SRCC/RADAC Staff

SRCC copy this form and provide to clinical coordinator for review. SRCC or Assessment Counselor send assessment results to EES worker when completed.