

**Solutions Recovery Care Coordination (SRCC)
TURN-AROUND FORM**

EES Case Worker

Please complete the following information at TAF Work Program Orientation.

EES WORKER'S NAME DATE

SERVICE CENTER ADDRESS PHONE

CITY AND ZIP

CLIENT NAME SOCIAL SECURITY NUMBER

ADDRESS CITY ZIP TELEPHONE NUMBER

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

**RADAC Assessment Counselor/Solutions Recovery Care Coordinator (SRCC)
SASSI Results**

Please document the results of the SASSI* and return to the EES Worker and copy to the assessment counselor.

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

Client has been referred for an assessment: Yes No

Appointment for Assessment Made? Yes No (If No, number provided)

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

SRCC/ASSESSMENT COUNSELOR TELEPHONE NUMBER

DATE

* SUBSTANCE ABUSE SUBTLE SCREENING INVENTORY

CONFIDENTIAL – This information has been disclosed to you from records whose confidentiality is protected by federal law. Federal Regulation (42 CFR Part 2) prohibits you from making any further disclosure of it without specific written consent of the person to whom it pertains. A general authorization for release of medical or other information is NOT sufficient for this purpose.