

Solutions Recovery Care Coordination (SRCC) EES

Referral Report and Turn-Around Document

(Send this form via encrypted email with the client's home office, client ID, and spoken language if not English in the subject line)

Client Information			
First Name:	Date of Birth:	Gender: Female Male	Case#:
Last Name:			Client ID:
Residential Address:	Mailing Address, if different:	Email:	
Telephone#:	Communication method preference (check all that apply): ☐ Text ☐ Email ☐ Phone Call ☐ Mail		Spoken Language:
DCF Service Center:		TANF Months Used:	
DCF Information			
SBDT: Angela Stinson	Email: DCF.SBDT@ks.gov	Telephone#: 785-559-0344	
Career Navigator:	Email:	Telephone#:	
Substance Use Screening Referral Date:			

SRCC Information		
SRCC:	Email:	Telephone#:
Substance Use Screening Results:		Date Substance Use Screening Completed:
Substance Use Screening indicates a high probability of having a substance use disorder:		☐ Yes ☐ No
Substance Use Screening Inventory indicates current (within the last 12 months) illicit drug use?		☐ Yes ☐ No
Did the client attend the Substance Use Screening Appointment?		☐ Yes ☐ No

Substance Use Assessment (SUA)			
Substance Use Assessment Appointment:	Date:	Time:	Location:
Did the client attend the Substance Use Assessment Appointment? ☐ Yes ☐ No ☐ Refused ☐ Rescheduled			
Date Substance Use Assessment Completed:		Date Rescheduled:	
Substance Use Assessment Results:			
If the client was referred for treatment services, where were they referred to?		Program:	
		Admission Date:	
		Admission Time:	
Was the client referred for testing? ☐ Yes ☐ No		Referral Date:	
Name of Test Site:			
Test Date:		Test Time:	
Note: If a test needs to be rescheduled, a request with a detailed explanation of why the client needs to be rescheduled must be emailed to the Suspicion-Based Drug Testing Program (SBDT) email box. Do not reschedule a test without the SBDT Program Manager's approval.			

SBDT Referral					
UA Results:	☐ Positive ☐ Negative ☐ Controlled Substance ☐ Did Not Show				
	If positive, for what substance(s): *SBDT will communicate to SRCC the test results for utilization in the consideration of appropriate treatment options.				
Change in Client Status (Please check all that apply)					
Cash closing for:	Penalty ☐	Lifetime ☐	Income ☐	Client Request ☐	Other ☐
Client remains eligible for SRCC services:		☐ Yes ☐ No		Transitional Case Closure Date:	

Service Delivery Journal

Date	Notes	Entered by

Date	Notes	Entered by