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