

CASE NAME	CASE NUMBER	CLIENT NAME
OFFICE/UNIT NUMBER	WORKER NAME/NUMBER	CIN NUMBER

**Section A. Alcohol and Drug Abuse Screening and Referral Form**

**Please answer the following questions:**

	Yes	No
1. If you have received temporary assistance in the last two (2) years, did you have problems in complying with work rules?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you lost a job or gotten into trouble at work within the last two (2) years?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you had any legal problems within the last two (2) years?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you ever attempted to cut down on your alcohol or drug use?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you felt the need to take a drink or use drugs when you awoken?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you ever been annoyed by people making comments about your drinking or drug use?	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you ever been treated for the following medical problems: <i>Hepatitis C, Liver Disease or Tuberculosis?</i>	<input type="checkbox"/>	<input type="checkbox"/>
8. Have you ever felt guilty about your drinking or drug use?	<input type="checkbox"/>	<input type="checkbox"/>
9. Have you ever been in treatment for alcoholism and/or substance abuse?	<input type="checkbox"/>	<input type="checkbox"/>
10. Would you like information about alcoholism and/or substance abuse treatment?	<input type="checkbox"/>	<input type="checkbox"/>

**Client Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<b>Referred for drug/alcohol assessment?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Appt. Date/Time:</b> _____ <b>Staff Signature:</b> _____ <b>Date:</b> _____
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**Section B. Behavioral Observation and Referral Form** *(see instructions on reverse)*

**Client shows the following possible signs of alcohol and/or substance abuse: (check all that apply).**

**1. Behavior Observation**  
*If one or more boxes checked, refer for assessment.*

- Appears intoxicated
- Alcohol on breath or body odor
- Drowsy appearance or nodding out, fatigue
- Impairment in attention or memory
- Lack of coordination, unsteady gait (staggering, off-balance)
- Needle marks
- Unclear speech (slurred, incoherent, rapid)
- Runny nose (not a cold)
- Jittery, nervous, tremors (shaking & twitching of hands & eyelids)
- Agitated, belligerent, argumentative
- Hyperactive, continuous talking or movement
- Visible abscesses
- Constricted or dilated pupils, glassy eyes

**2. Observations from Case Record (if available)**  
*If two or more boxes checked, refer for assessment.*

- Homeless
- Active child welfare case
- On temporary assistance 48 months or more
- Active employment sanction
- On temporary assistance more than once in the past two (2) years
- Information in case history (DWI, failing work assignment):  
\_\_\_\_\_  
\_\_\_\_\_
- Other:  
\_\_\_\_\_  
\_\_\_\_\_
- Other:  
\_\_\_\_\_  
\_\_\_\_\_

<b>Referred for drug/alcohol assessment?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Appt. Date/Time:</b> _____ <b>Staff Signature:</b> _____ <b>Date:</b> _____
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**Instructions**

This two-part form is designed to help you identify applicants/recipients who may have an alcohol/substance abuse barrier to work. The screening section generally relies on a discussion between you and the client, while the behavioral observation section can be completed based on your observation of the client and the case record. Following are instructions to help you use this form:

To begin the screening process, read the following statement to the client:

**“We are asking the following questions in order to understand factors, such as alcohol or substance abuse, that might make it hard for you to work and become self-sufficient. We use this form to help you recognize those factors and to assist you and your family if needed. Depending upon your responses to the questions, you may be referred for an alcoholism/substance abuse assessment.”**

Please see matrix below for specific form completion requirements:

<b><u>PROGRAM</u></b>	<b><u>CLIENT STATUS</u></b>	<b><u>SCREENING and REFERRAL</u></b>		<b><u>OBSERVATION</u></b>
		<b>Section A</b>		<b>Section B</b>
<b><u>Temporary Assistance</u></b>	Head of Household	LDSS staff must read/discuss 10 questions and record answers, during client interview. If answer is yes to any two (2) or more questions or answer is yes to any one (1) of questions #4-10, client must be referred for assessment.  <b>Result:</b> If client referred for assessment, Section B is optional <i>Or</i> <b>Result:</b> If client <b>not</b> referred for assessment, LDSS staff are required to complete Section B based on observation of client and case record		When Observation Section B is completed and worker indicates at least one sign of alcohol/substance abuse in Section B (1) or two or more boxes checked in Section B(2), client must be referred for an assessment. Completion of Section B is outlined below: <ul style="list-style-type: none"> <li>• Optional (as described in <i>Section A</i> Column)</li> <li>• Required (as described in <i>Section A</i> Column)</li> </ul>
	Other Adult Household Members	LDSS staff may read /discuss 10 questions and record answers during interview <b>or</b> tear perforated form and hand/mail Section A to client, for completion. Does not require face-to-face completion. If answer is yes to any two (2) or more questions or answer is yes to any one (1) of questions #4-10, client must be referred for assessment. There is no requirement to complete Section B		<ul style="list-style-type: none"> <li>• Optional (as described in <i>Section A</i> Column)</li> <li>• Assessment requirements are the same as outlined above for Heads of Households</li> </ul>
<b><u>Medical Assistance Only (MA-Only)</u></b>	Single Individuals/ Childless Couples not certified disabled or pregnant	<b>LDSS staff may read /discuss 10 questions and record answers during interview or tear perforated form and hand/mail Section A to client, for completion. Does not require face-to-face completion. If answer is yes to any two (2) or more questions, client must be referred for assessment. There is no requirement to complete Section B</b>		<ul style="list-style-type: none"> <li>• <b>Optional (as described above in Section A Column)</b></li> <li>• <b>Assessment requirements are same as outlined above for TA</b></li> </ul>