DSS-4571 (Rev. 6/01)			1				
ASE NAME	CASE NUMBER		CLIENT NAME				
FICE/UNIT NUMBER	WORKER NAME/NUMBER		CIN NUMBER	UMBER			
Section A. Alcohol and Drug Abuse Screening and Referral Form							
ease answer the following questi	ions:			Yes	No		
If you have received temporary assistan	nce in the last two (2) years, did yo	u have problems i	n complying with work rules?				
2. Have you lost a job or gotten into trouble at work within the last two (2) years?							
3. Have you had any legal problems within the last two (2) years?							
4. Have you ever attempted to cut down on your alcohol or drug use?							
5. Have you felt the need to take a drink or use drugs when you awaken?							
6. Have you ever been annoyed by people making comments about your drinking or drug use?							
7. Have you ever been treated for the following medical problems: <i>Hepatitis C, Liver Disease or Tuberculosis</i> ?							
Have you ever felt guilty about your drin							
Have you ever been in treatment for alco		tm ont?					
). Would you like information about alcoho	olism and/or substance abuse trea	itment?					
ent Signature:		Date:					
Referred for drug/alcohol assessment? Yes No Appt. Date/Time:							
taff Signature:		Date:_					
ASE NAME	CASE NUMBER		CLIENT NAME				
_	worker NAME/NUMBER	d Referral For	·				
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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:

PROGRAM	CLIENT STATUS	SCREENING and REFERRAL	OBSERVATION	
		Section A	Section B	
Temporary Assistance	Head of Household Other Adult Household Members	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. Result: If client referred for assessment, Section B is optional Or Result: If client not referred for assessment, LDSS staff are required to complete Section B based on observation of client and case record 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 or answer is yes to any one (1) of questions #4-10, client must be referred	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: Optional (as described in Section A Column) Required (as described in Section A Column) Optional (as described in Section A Column) Assessment requirements are the same as outlined above for Heads of Households	
		for assessment. There is no requirement to complete Section B	Households	
Medical Assistance Only (MA-Only)	Single Individuals/ Childless Couples not certified disabled or pregnant	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	Optional (as described above in Section A Column) Assessment requirements are same as outlined above for TA	