

ARMY SUBSTANCE ABUSE PROGRAM (ASAP) ENROLLMENT

For use of this form, see AR 40-66; the proponent agency is the OTSG

The person named below is being referred to the ASAP for a comprehensive assessment to determine whether or not the individual meets the criteria for enrollment.

1. Name <i>(Last, First, MI)</i> .	2. Rank/Grade.	3. SSN.	4. DOB <i>(YYYYMMDD)</i>	5. Yrs Act/Fed Svc.
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6. Is Servicemember/Employee expected to depart installation within 90 days? <input type="checkbox"/> YES NO <input type="checkbox"/>	7. Is Servicemember/Employee on flying status? <input type="checkbox"/> YES NO <input type="checkbox"/>	8. Is Servicemember/Employee involved in Personnel Reliability Program? <input type="checkbox"/> YES NO <input type="checkbox"/>
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9. Type of Referral: Biochemical *(Type Drug)* _____ Self _____ Command _____ Supervisor _____
 Investigation/Apprehension _____ Medical _____ Other _____

10. Record of Civilian Arrests/Convictions, Courts Martial, Company Punishments, and Disciplinary Problems, including those Pending: *(Specific dates and offenses)*

11. Performance: *(Give specifics of fair or unsatisfactory ratings)*

Performance/ Efficiency: Excellent _____ Good _____ Fair _____ Unsatisfactory _____
 Behavioral/ Conduct: Excellent _____ Good _____ Fair _____ Unsatisfactory _____

12. Reasons for Referral: *(Check appropriate spaces)*

a. Physical Signs <input type="checkbox"/> Flushed Face <input type="checkbox"/> Nervousness <input type="checkbox"/> Red or Bleary Eyes <input type="checkbox"/> Hand Tremors <input type="checkbox"/> Hangovers on the Job <input type="checkbox"/> Minor Illnesses <input type="checkbox"/> Minor Injuries <input type="checkbox"/> Unexcused Absences <input type="checkbox"/> Other _____ _____ _____	b. Personality Changes <input type="checkbox"/> Irritability <input type="checkbox"/> Increased Defensiveness <input type="checkbox"/> Increased Use of Excuses <input type="checkbox"/> Intolerant of Co-workers or Subordinates	c. Other Behavioral Indicators <input type="checkbox"/> Decreased Quality of Work <input type="checkbox"/> Sporadic Work <input type="checkbox"/> Mood Changes after Lunch <input type="checkbox"/> Drinking Before Lunch <input type="checkbox"/> Drinking During the Day <input type="checkbox"/> Drinking After Lunch <input type="checkbox"/> Drinking During Duty <input type="checkbox"/> Longer Lunch Hours <input type="checkbox"/> Absenteeism <input type="checkbox"/> Improper Use of Drugs <input type="checkbox"/> Unusual Excuses for Absences <input type="checkbox"/> Avoidance of Supervisor or associates
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d. Behavioral changes needed for soldier/employee to become effective/functioning in until: _____

13. PATIENT IDENTIFICATION *(For typed or written entries give: Name - last, first, middle; grade; date; hospital or medical facility):*
