

## 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.
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"/>	
9. Type of Referral:    Biochemical <i>(Type Drug)</i> _____ Self <input type="checkbox"/> Command <input type="checkbox"/> Supervisor <input type="checkbox"/> Investigation/Apprehension <input type="checkbox"/> Medical <input type="checkbox"/> Other <input type="checkbox"/>				
10. Record of Civilian Arrests/Convictions, Courts Martial, Company Punishments, and Disciplinary Problems, including those Pending: <i>(Specific dates and offenses)</i>				
11. Performance: <i>(Give specifics of fair or unsatisfactory ratings)</i> Performance/      Efficiency:      Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Behavioral/      Conduct:      Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Unsatisfactory <input type="checkbox"/>				
12. Reasons for Referral: <i>(Check appropriate spaces)</i>				
a. Physical Signs		b. Personality Changes		c. Other Behavioral Indicators
<input type="checkbox"/> Flushed Face	<input type="checkbox"/> Irritability	<input type="checkbox"/> Decreased Quality of Work		
<input type="checkbox"/> Nervousness	<input type="checkbox"/> Increased Defensiveness	<input type="checkbox"/> Sporadic Work		
<input type="checkbox"/> Red or Bleary Eyes	<input type="checkbox"/> Increased Use of Excuses	<input type="checkbox"/> Mood Changes after Lunch		
<input type="checkbox"/> Hand Tremors	<input type="checkbox"/> Intolerant of Co-workers or Subordinates	<input type="checkbox"/> Drinking Before Lunch		
<input type="checkbox"/> Hangovers on the Job		<input type="checkbox"/> Drinking During the Day		
<input type="checkbox"/> Minor Illnesses		<input type="checkbox"/> Drinking After Lunch		
<input type="checkbox"/> Minor Injuries		<input type="checkbox"/> Drinking During Duty		
<input type="checkbox"/> Unexcused Absences		<input type="checkbox"/> Longer Lunch Hours		
<input type="checkbox"/> Other		<input type="checkbox"/> Absenteeism		
d. Behavioral changes needed for soldier/employee to become effective/functioning in until:		<input type="checkbox"/> Improper Use of Drugs		
		<input type="checkbox"/> Unusual Excuses for Absences		
		<input type="checkbox"/> Avoidance of Supervisor or associates		
13. PATIENT IDENTIFICATION <i>(For typed or written entries give: Name - last, first, middle; grade; date; hospital or medical facility):</i>				

14. Other Problems: Financial  Marriage/Family  Medical  Other  (specify)

15. Is soldier/employee seen by other helping agencies? Chaplain  Other   
Community Mental Health Service

16. Commander's/Supervisor's Recommendation:  
 No further action needed at this time.  
 Soldier/employee needs alcohol and/or drug education.  
 I suspect soldier/employee has an alcohol and/or other drug problem.  
 Other (specify).

17. Immediate Supervisor's Name. 18. Date (YYYYMMDD) 19. Phone.

20. Commander's/Supervisor's Signature. 21. Date (YYYYMMDD) 22. Phone.

**REHABILITATION TEAM MEETING RESULTS (MANDATORY FOR MILITARY)**  
Record of contact with commanders/supervisors concerning this referral - Record face-to-face rehabilitation team meeting results or telephone concurrences, to include dates of programmatic agreements.

Note: Results of rehabilitation team meetings must also be recorded on SF 600.

\*TO: FROM: DATE: (YYYYMMDD)

1. Per your basic memorandum and agreements made during rehabilitation team meeting on \_\_\_\_\_, the following actions have been taken by the Army Substance Abuse Program (ASAP) in an effort to assist referred soldier/employee with his/her problem(s):

- Returned to duty, no further action required.
- Placed on extended evaluation (30/60 days).
- Alcohol/drug education Date (YYYYMMDD) \_\_\_\_\_ Time: \_\_\_\_\_ Bldg#: \_\_\_\_\_
- Rehabilitation: Track: \_\_\_\_\_ Date (YYYYMMDD) \_\_\_\_\_ Time: \_\_\_\_\_ Bldg#: \_\_\_\_\_

2. If you have any questions, please call the following counselor: \_\_\_\_\_  
at: \_\_\_\_\_  
Clinical Director \_\_\_\_\_

\* Note for Federal Employees: To be completed **ONLY** with written consent of employee.