

Referral Form

INSTRUCTIONS FOR THE UNIT COMMANDER

- Please complete this form electronically and use MM/DD/YYYY for all dates.
- Complete the form below with the SM requesting an assessment.
- E-mail this completed form to the SAP Team at the address listed below.
- Direct the Soldier to call a PC within seven (7) days to coordinate an appointment with a provider.
- Ensure that the Soldier has been provided a copy of this form, the SAP list of providers, and the Soldier Handout.

Alcohol and Drug Control Officer:

Prevention Coordinators:

Victoria Fletcher - 504-278-8099 (office)

Kelsey Roach - 504-278-8089 (office) Grady DuBose - 504-278-8711 (office)

SEND FORM HERE: ng.la.laarng.mbx.j1-sasi@mail.mil

		Soldi	er's Data			
Counsel Date MM/DD/YYYY			UIC		DRU	
Soldier's Name					Rank	
DOB MM/DD/YYYY			Last Four	SSN		
Phone	DoD ID					
Email						
Soldier's Current Residence (City/ST)						
Is this a Self Referral?	Yes No	Is this a C Referral?	ommand	Yes No	Is this a Positive Drug Screen?	Yes No
Date of Drug Screen			Substance(s)		ed itive drug screen, identify substa	nce(s) above
Previous Positive(s)	Yes	No	ii sen/esimiana i	cicital of pos	inve drug sereen, menny substi	nec(s) above
If Previous positive(s), provide dates and substances detected						

Finances	Transportation					
Marriage/Family Support	Child Care					
Health Care	Education					
Housing	Mental Health					
Employment	Other:					
Unit Readiness NCO/Commander Information						
Unit Readiness NCO						
Phone (office)	Phone (mobile)					
E-mail						
Unit Commander						
Phone (office)	Phone (mobile)					
E-mail						
Commander's Intent (Retain or Separate)						
SAP OF	FFICE USE ONLY					
SAP State ID #						
Provider Selected:						
**Forms that are not fully completed wi	ll be returned to the unit for completion, and will delay					

Does the Soldier have any other problems or needs? (Check all that apply)

the delivery of services to the Soldier.