



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 **ng.la.laarng.mbx.j1-sap-referrals@mail.mil**.
- 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:

Victoria Fletcher - 504-278-8099

Prevention Coordinators:

Kelsey Roach - 504-278-8089

Grady DuBose - 504-278-8711

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

Soldier'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 Command
Referral?**

Yes

No

**Is this a Positive
Drug Screen?**

Yes

No

Date of Drug Screen

Substance(s) Identified

If self/command referral or positive drug screen, identify substance(s) above.

Previous Positive(s)

Yes

No

**If Previous
positive(s), provide
dates and substances
detected**

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

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 OFFICE USE ONLY

SAP State ID #

Provider Selected:

*****Forms that are not fully completed will be returned to the unit for completion, and will delay the delivery of services to the Soldier.**

PLEASE ENSURE YOU SEND FORM HERE: ng.la.laarng.mbx.j1-sap-referrals@mail.mil