**Client’s Name:** Click here to enter text. **TANF Case #:** Click here to enter text.

**Client’s ID#:** Click here to enter text. **Referring DHS Caseworker:** Click here to enter text.

**Staff Member Completing SASSI Screening & Report:** Click here to enter text.

**Date of SASSI:** Click here to enter text. **Date of Report:** Click here to enter text.

**SASSI Results:** Low Probability High Probability Invalid (High Defensiveness/RAP)

**Recommendations:**

No further assessment– *reasons for this recommendation include (check all that applies)*:

Low Probability SASSI Score

Client refusal to complete further assessment

Client is currently actively engaged in:

Outpatient Treatment

Inpatient Treatment

**AND**

Random Drug Screen Program

Date of latest Drug Screen: Click here to enter text.Indicated no current use (past 30 days) of illegal drugs

Other: Click here to enter text.

Assess with Addiction Severity Inventory & Drug Screen (Drug Screen is required for ALL TANF applicants following completion of ASI) – *reasons for this recommendation include (check all that applies):*

High Probability SASSI Score

Invalid SASSI Score

Client’s self-report of use of alcohol and/or drugs

Collateral information regarding use of alcohol and/or drugs

Other: Click here to enter text.

Assessment is scheduled on: Click here to enter text.

Assessment is scheduled with: Click here to enter text.

**Report sent to (name and either fax# or email address)**: Click here to enter text.

**Date Sent**: Click here to enter text.