**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.