**Client’s Name:**  **Client ID#:**

**TANF Case#:**  **Referring DHS Caseworker:**

**Staff Member Completing SASSI Screening & Report:**

**Date of SASSI:**  **Date of Report:**

**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:

[ ] Indicated no current use (past 30 days) of illegal drugs

 ☐ Other:

☐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:

 Assessment is scheduled on:

 Assessment is scheduled with:

**Report sent to (name and either fax# or email address)**:

**Date Sent**: