Client Name: Click here to enter text. Client ID#: Click here to enter text.

KK or TANF#: Click here to enter text. Referring DHS Worker: Click here to enter text.

Date of SASSI: Click here to enter text. Date of ASI: Click here to enter text.

Assessing Clinician: Click here to enter text. Date of Admission: Click here to enter text.

Date of Report (due 72 hrs. post-assessment): Click here to enter text.

Report Submitted To: Click here to enter text.

Method of Submission: [ ] Email address: Click here to enter text.

 [ ] Fax#: Click here to enter text.

Screening/Assessment Tools (Check tools used)

[ ]  SASSI - Score: [ ] Low Probability [ ] High Probability [ ] Invalid (High Defensiveness/RAP)

Recommendations based on SASSI (check all that apply):

[ ] No further assessment needed

Reasons for recommendation:

[ ] SASSI Score

[ ] Client is currently active in treatment: [ ] outpatient [ ] inpatient

[ ] Client is currently involved in random drug screen program; date of most recent drug screen indicating no current use (past 30 days) of illegal drugs: Click here to enter text.

[ ]  Assessment needed – scheduled date/with: Click here to enter text.

[ ]  ASI Recommendations based on ASI:

 [ ] Drug Screen – *A Drug Screen is required for all TANF referrals following completion of the ASI*

 [ ] Treatment; Level of Care: Choose an item.

If Interim Services - describe: Click here to enter text.

If Other - describe: Click here to enter text.

 [ ]  Referrals: Click here to enter text.

[ ]  Drug Screen [ ] Negative [ ] Positive for: [ ] Illegal Drugs [ ] Alcohol [ ] Prescription Drugs [ ] Other: Click here to enter text.

 Recommend treatment services for: [ ] Illegal Drugs: Click here to enter text. [ ] Alcohol: Click here to enter text.

[ ] Prescription Drugs: Click here to enter text. [ ]  Other: Click here to enter text.

[ ]  Trauma Screen Recommendations based on Trauma Screen: Click here to enter text.

Assessment Summary

Presenting Situation: Click here to enter text.

Living Situation: Click here to enter text.

Medical History/Current Status: Click here to enter text.

Drug & Alcohol History/Current Status: Click here to enter text.

Legal History/Current Status: Click here to enter text.

Family/Social Relationships: Click here to enter text.

Psychiatric History/Current Status: Click here to enter text.

Case Management Needs: Click here to enter text.