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.