MARINE CORPS

DRUG AND ALCOHOL ABUSE PREVENTION AND TREATMENT PROGRAMS
1. PURPOSE

This publication, NAVMC 2931, Substance Abuse Program, is to be utilized by commanders and substance abuse program personnel to meet the drug and alcohol prevention and treatment requirements of MCO P1700.24B.

2. SCOPE

NAVMC 2931 does not amend nor change existing directives, orders or policy of this or higher authority, if conflicts arise, published directives and/or orders take precedence.

3. SUPERSESSION

None

4. ADDITIONAL COPIES

For additional copies refer to MCO P5600.31.

5. CERTIFICATION

Reviewed and approved this date.

DISTRIBUTION: PCN 10010362100

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INTRODUCTION

“Alcohol abuse and the distribution, possession or use of illegal drugs is contrary to the effective performance of Marines and to the Marine Corps’ Mission, and will not be tolerated in the Marine Corps.” MCO P1700.24B

The Marine Corps objective is to improve the capability of commanders and their Marines to prevent drug/alcohol abuse related problems that detract from unit performance and readiness. Every attempt will be made to prevent drug/alcohol abuse through proactive and reactive measures. The most effective and long-term program is one that promotes an attitude of overall responsibility on the part of the individual Marine.

This NAVMC sets forth procedures for drug and alcohol prevention and treatment programs. Essential steps in achieving the objectives of this program are to:

- Change the attitudes of Marines toward alcohol use.
- Ensure every Marine understands the important role they have in the defense of our Nation, and the adverse impact excessive drinking/illegal drug use has on themselves, fellow Marines, our Corps, and their families.

This effort requires a total leadership commitment of all officers, staff noncommissioned officers, and noncommissioned officers. Leaders must set the example and ensure that all Marines are aware of the Marine Corps commitment to prevent drug and alcohol abuse. In short, Marine Corps leaders must reinforce the policy that drug or alcohol abuse is not tolerated and that Marines who abuse these substances will be held accountable for their actions.
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1. Drug and alcohol prevention education alone is not the answer to preventing abuse. However, if properly conducted, prevention education can provide potential/present abusers with information to clarify personal values, improve problem solving and decision making skills, and understand alternative lifestyle choices. Tools such as these will help the individual Marine make a more informed decision concerning drug/alcohol abuse.

2. MCO P1700.24B requires Officers and SNCOs to receive annual supervisor training in drug and alcohol abuse prevention. Civilian employees in supervisory positions of Marines receive supervisor training upon assumption of supervisory duties and every 2 years thereafter. The learning objectives below shall be used to meet this requirement.

   a. To state the Marine Corps’ policy on drug/alcohol abuse and dependence as contained in this Manual.

   b. To describe the difference between responsible drinking and alcohol abuse.

   c. To describe the importance of recreation activities as alternatives to drug/alcohol abuse.

   d. To describe the early warning signs and progressive nature of drug and alcohol abuse.

   e. To describe the supervisor’s role in setting a positive example, preventing alcohol abuse, the identification and referral of abusers, and the alcohol abuse/dependency recovery process.

   f. To describe Marine Corps policy on illegal drug use and urinalysis testing as reflected in this manual.

3. In addition to the Officer and SNCO annual training objectives (a) through (f), Noncommissioned Officers are required to receive drug and alcohol abuse prevention training through a CMC (MR) approved course provided by the Installation Substance Abuse Counseling Center (SACC). NCOs will provide this prevention training to their subordinates annually. This NCO training course is a one-time requirement. However, it does not preclude NCOs from participating in additional unit prevention training. The course learning objectives are:
a. To describe the impact drug and alcohol abuse has on mission readiness.

b. To describe the role of the small unit leader in preventing drug and alcohol abuse.

c. To describe how alcohol is absorbed, processed, and eliminated from the body.

d. To define Blood Alcohol Level (BAL).

e. To identify factors that influence BAL.

f. To explain alcohol effects at various BALs.
# CHAPTER TWO

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<td>2-7</td>
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</table>
1. Per SECNAVINST 5300.28C and MCO P1700.24B, the Marine Corps is required to identify, counsel, or rehabilitate Marines identified as drug/alcohol abusers or drug/alcohol dependent.

2. MCO P1700.24B requires Substance Abuse Intervention and Treatment to be conducted at base, station, or depot Substance Abuse Counseling Centers by qualified personnel (e.g., substance abuse counselors, physicians, psychologists, et al., with requisite skills and training). This order additionally requires that treatment be provided, under the supervision of a Licensed Independent Practitioner (LIP) (physician or clinical psychologist).

3. Under no circumstances will a substance abuse treatment program established under the auspices of this Manual be degrading or punitive in nature. SACC outpatient services will be designed to address the individual’s needs and to achieve permanent changes in drug/alcohol use behaviors. Inpatient services will be provided at military hospitals.

4. To meet the requirements of SECNAVINST 5300.28C and MCO P1700.24B, SACCs will provide drug and alcohol services to include screening, early intervention, comprehensive biopsychosocial assessments, and individualized treatment (except for drug dependence) using a continuum of care model and the Patient Placement Criteria (admission and discharge) below.

   a. Placement will be based on the seven continuum of care assessment dimensions, not the drug and alcohol diagnosis. A Marine will be assessed using the placement criteria contained below. The assessment information will be used by the Case Manager and the Interdisciplinary Team to recommend the Marine’s placement to the Licensed Independent Practitioner. This will always be the least intensive portal of entry that will accomplish the treatment objectives while providing safety and security for the patient. A Marine may enter the continuum of care at any portal.

   b. The seven dimensions are:

      (1) Acute Intoxication/Potential for Withdrawal. Is there a risk of withdrawal symptoms or seizures, based on the patient’s previous history, amount, frequency, and recency of discontinuation or significant reduction of alcohol or other drug use? Are there current signs of withdrawal?
(2) **Biomedical Complications.** Are there current physical illnesses, other than withdrawal, that need to be addressed or that may complicate treatment?

(3) **Emotional/Behavioral Complications.** Are there current psychiatric illnesses or psychological, behavioral or emotional problems that need to be addressed? Do any emotional/behavioral problems appear to be an expected part of additional illness or do they appear to be autonomous? Even if connected to the addiction, are they severe enough to warrant specific mental health treatment?

(4) **Program Acceptance/Resistance.** Is the patient actively objecting to treatment? Does the patient feel coerced into treatment? How ready is the patient to change? If willing to accept treatment, how strongly does the patient disagree with others’ perception that he or she has an addiction problem? Does the patient appear to be compliant or does he or she appear to be internally distressed in a self-motivated way?

(5) **Relapse Potential.** Is the patient in immediate danger of continued severe distress and drinking/drug-taking behavior? Does the patient have any recognition of, understanding of, or skills with which to cope with his or her addiction problems in order to prevent relapse or continued use? What severity of problems and further distress will potentially continue or reappear if the patient is not successfully engaged in treatment at this time? How aware is the patient of relapse triggers, ways to cope with cravings to use, and skills to control impulses to use?

(6) **Recovery Environment.** Are there any family members, significant others, living situations, or school/working situations that pose a threat to treatment engagement and success? Does the patient have supportive friendships, financial resources, or educational/vocational resources that can increase the likelihood of successful treatment? Are there legal, vocational, social service agency, or criminal justice mandates that may enhance the patient’s motivation for engagement in treatment?

(7) **Operational Commitment.** Does the command operational tempo allow for participation in the recommended treatment program? If not, has the command taken action to schedule the Marine for outpatient services. For drug/alcohol dependent Marines, has action been taken for admission into a residential/inpatient program?
## PATIENT PLACEMENT CRITERIA GRID

<table>
<thead>
<tr>
<th>DIMENSIONS</th>
<th>EARLY INTERVENTION</th>
<th>OUTPATIENT</th>
<th>INTENSIVE OUTPATIENT</th>
<th>RESIDENTIAL</th>
<th>MEDICALLY MANAGED</th>
</tr>
</thead>
<tbody>
<tr>
<td>WITHDRAWAL</td>
<td>No significant risk</td>
<td>No significant risk</td>
<td>No significant risk</td>
<td>No significant risk</td>
<td>Significant withdrawal risk</td>
</tr>
<tr>
<td>BIOMEDICAL</td>
<td>If biomedical problems, non-interfering</td>
<td>If biomedical problems, non-interfering</td>
<td>If biomedical problems, non-interfering</td>
<td>If biomedical problems, non-interfering</td>
<td>Requires 24 hrs medical/nursing care</td>
</tr>
<tr>
<td>EMOTIONAL/BEHAVIORAL</td>
<td>If emotional/behavior problems, non-interfering</td>
<td>If emotional/behavior problems, requires minimal structure and support</td>
<td>If emotional/behavior problems, requires minimal structure and support</td>
<td>Alcohol Dependent emotional/behavioral problems interfere, require Milieu setting</td>
<td>Serve problems, require 24 hrs psychiatric care</td>
</tr>
<tr>
<td>PROGRAM/TREATMENT</td>
<td>Willing to participate</td>
<td>Motivated and/or willing to cooperate</td>
<td>Acknowledges problem. Requires monitoring/motivation</td>
<td>Acknowledges problem. requires Milieu setting</td>
<td>N/A</td>
</tr>
<tr>
<td>ACCEPTANCE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>RELAPSE POTENTIAL</td>
<td>Able to achieve program goals in an educational setting.</td>
<td>Able to maintain abstinence and achieve treatment goals with minimal support and structure.</td>
<td>Able to maintain abstinence and achieve treatment goals with close monitoring and support.</td>
<td>High likelihood of use without close monitoring in a Milieu setting.</td>
<td>N/A</td>
</tr>
<tr>
<td>RECOVERY ENVIRONMENT</td>
<td>Supportive environment and/or skills to cope.</td>
<td>Supportive environment and/or skills to cope.</td>
<td>Coping skills and/or recovery environment requires additional support.</td>
<td>Unable to cope with recovery environment, needs Milieu setting.</td>
<td>N/A</td>
</tr>
<tr>
<td>OPERATIONAL COMMITMENTS</td>
<td>N/A</td>
<td>Command willing to commit to treatment requirements.</td>
<td>Command willing to commit to treatment requirements.</td>
<td>Schedule does not allow participation in another treatment program at this time.</td>
<td>N/A</td>
</tr>
<tr>
<td>DIMENSIONS</td>
<td>ADMISSION CRITERIA</td>
<td>DISCHARGE CRITERIA</td>
<td>KEY OBJECTIVES</td>
<td></td>
<td></td>
</tr>
<tr>
<td>--------------------------</td>
<td>-----------------------------------------------------------------------------------</td>
<td>------------------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BIOMEDICAL</td>
<td>1. If problems, non-interfering</td>
<td>1. Change in biomedical condition interferes with program.</td>
<td>1. Monitor for change in biomedical condition.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>EMOTIONAL BEHAVIORAL</td>
<td>1. Able to comprehend and participate in program.</td>
<td>1. Completion of program requirements.</td>
<td>1. Monitor for change in emotion/behavioral problems.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2. No risk of harm to self and/or others.</td>
<td>2. Risk of harm to self and/or others, refer to MHU.</td>
<td>2. Statements and behaviors reflect understanding of responsible use.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>3. If problems, non-interfering</td>
<td>3. Demonstrates inability to maintain recovery program without more intensive intervention.</td>
<td>3. Monitor for risk of harm to self and/or others.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>4. Consistently fails to meet program objectives, no further progress likely.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>RESISTANCE</td>
<td></td>
<td>2. No longer willing to participate, despite program efforts, and is recommended for further assessment.</td>
<td>2. Client’s self-assessment demonstrates acknowledgment of personal responsibility.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CONTINUED PROBLEM</td>
<td>1. Needs to acquire the specific skills needed to change current pattern of use.</td>
<td>1. Development of alternative coping skills to prevent further alcohol related incidents.</td>
<td>1. Client creates relapse prevention plan using course curriculum.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>POTENTIAL</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LIVING ENVIRONMENT</td>
<td>1. Supportive environment and/or skills to cope.</td>
<td>1. Development of alternative coping skills to prevent further alcohol related incidents.</td>
<td>1. Client identifies environmental stressors and triggers.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. Development of alternative sources of support.</td>
<td>2. Client identifies strategies to cope with environmental stressors and triggers.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

EARLY INTERVENTION
## OUTPATIENT PROGRAM

<table>
<thead>
<tr>
<th>DIMENSION</th>
<th>ADMISSION CRITERIA</th>
<th>DISCHARGE CRITERIA</th>
<th>KEY OBJECTIVES</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>1. Change in biomedical condition interferes with treatment.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>1. Monitor for change in biomedical condition.</td>
<td></td>
</tr>
<tr>
<td>BIOMEDICAL</td>
<td>1. If biomedical problems, non-interfering.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>EMOTIONAL/BEHAVIORAL</td>
<td>1. Able to comprehend and participate in the program.</td>
<td>1. Emotional/behavioral stressors have diminished in acuteness, no longer requires monitoring.</td>
<td>1. Monitor for changes in emotional/behavioral problems.</td>
</tr>
<tr>
<td></td>
<td>2. No risk of harm to self and others.</td>
<td>2. Risk of harm to self and/or others, refer to MHU.</td>
<td>2. Monitor for risk of harm to self and/or others.</td>
</tr>
<tr>
<td></td>
<td>3. Able to cope with emotional/behavioral stressors but requires monitoring.</td>
<td>3. Completion of individual treatment goals.</td>
<td>3. Utilize self/peer/counselor assessments to evaluate ability to cope with emotional/behavioral problems.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4. Demonstrates inability to cope with stressors without more intensive care.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>3. Client fails to recognize extent of problems. No further progress likely.</td>
<td>3. Assess specific motivation underlying treatment acceptance.</td>
</tr>
<tr>
<td>RELAPSE POTENTIAL</td>
<td>1. Able to maintain abstinence with minimal support.</td>
<td>1. Client experiencing exacerbation of alcohol seeking behaviors or cravings necessitating more intensive care.</td>
<td>4. Completion of continuing care plan reflects commitment to ongoing recovery program.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. Applying essential knowledge and skills to sustain healthy relationship with alcohol.</td>
<td></td>
</tr>
<tr>
<td>RECOVERY ENVIRONMENT</td>
<td>1. Sufficient skills to cope with recovery environment.</td>
<td>1. Sufficient support for recovery to allow transfer to less intensive care.</td>
<td>1. Consult with command/family to create more supportive environment.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. Client unable to cope with recovery environment without more intensive care.</td>
<td>2. Counselor and client identify stressors and begin problem solving.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>3. Client demonstrates awareness and commitment to alternative support systems.</td>
</tr>
</tbody>
</table>
# INTENSIVE OUTPATIENT PROGRAM

<table>
<thead>
<tr>
<th>DIMENSION</th>
<th>ADMISSION CRITERIA</th>
<th>DISCHARGE CRITERIA</th>
<th>KEY OBJECTIVES</th>
</tr>
</thead>
<tbody>
<tr>
<td>BIOMEDICAL</td>
<td>1. If biomedical, non-interfering.</td>
<td>1. Change in biomedical condition interferes with treatment.</td>
<td>1. Monitor for change in biomedical condition.</td>
</tr>
<tr>
<td>EMOTIONAL/</td>
<td>1. Able to comprehend and participate.</td>
<td>1. Emotional/behavioral stressors have diminished in acuteness, close monitoring no longer required.</td>
<td>1. Monitor for changes in emotional/behavioral problems.</td>
</tr>
<tr>
<td>BEHAVIORAL</td>
<td>2. No risk to self or others.</td>
<td>2. Risk of harm refer to MHU.</td>
<td>2. Monitor for risk of harm to self and/or others.</td>
</tr>
<tr>
<td></td>
<td>3. Emotional/behavioral conditions are stable, being concurrently addressed, or have been assessed as non-interfering.</td>
<td>3. Demonstrates inability to cope with stressors without clinically directed interventions.</td>
<td>3. Utilize self/peer/counselor assessments to evaluate ability to cope with emotional/behavioral problems.</td>
</tr>
<tr>
<td></td>
<td>1. Emotional/behavioral stressors have diminished in acuteness, close monitoring no longer required.</td>
<td>4. No further progress likely.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1. Monitor for changes in emotional/behavioral problems.</td>
<td>2. Risk of harm refer to MHU.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3. Demonstrates inability to cope with stressors without clinically directed interventions.</td>
<td>3. Utilize self/peer/counselor assessments to evaluate ability to cope with emotional/behavioral problems.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>4. No further progress likely.</td>
<td>4. No further progress likely.</td>
<td></td>
</tr>
<tr>
<td>TREATMENT</td>
<td>1. Amenable and willing to participate.</td>
<td>1. Client understands extent of problems with alcohol and the consequences of continued patterns of use.</td>
<td>1. Client will begin to evidence awareness as to the extent of the problem and begin to develop self motivation to continue recovery efforts.</td>
</tr>
<tr>
<td>ACCEPTANCE</td>
<td>2. Client requires motivational strategies to sustain personal responsibility in developing a recovery program.</td>
<td>2. Client accepts need for continued assistance in recovery.</td>
<td>2. Client will complete a plan for recovery that reflects reliance on a primary recovery program.</td>
</tr>
<tr>
<td>RELAPSE</td>
<td>1. Able to maintain abstinence with close monitoring and support.</td>
<td>1. Client is applying knowledge and skills to sustain abstinence/recovery.</td>
<td>1. Client’s statements/behaviors reflect absence of alcohol cravings.</td>
</tr>
<tr>
<td>POTENTIAL</td>
<td>2. Client recognizes and understands the relapse process and has developed knowledge and skills to interrupt and manage these processes.</td>
<td>2. Client recognizes and understands the relapse process and has developed knowledge and skills to interrupt and manage these processes.</td>
<td>2. Assignments indicate a recognition and application of coping skills for dealing with cravings and relapse.</td>
</tr>
<tr>
<td></td>
<td>3. Client is experiencing an exacerbation of alcohol seeking behaviors and cravings necessitating more intensive care.</td>
<td>3. Client demonstrates ability to cope with internal/external stressors by applying alternative strategies.</td>
<td>3. Client demonstrates ability to cope with internal/external stressors by applying alternative strategies.</td>
</tr>
<tr>
<td>RECOVERY</td>
<td>1. Sufficient skills to cope with recovery environment with structure and support.</td>
<td>1. Sufficient support for recovery exists.</td>
<td>1. Consultation with command/family indicate a supportive environment.</td>
</tr>
<tr>
<td>ENVIRONMENT</td>
<td>2. Insufficient support and/or skills to cope, require a more intensive level of treatment.</td>
<td>2. Counselor and client have identified coping strategies to apply toward environmental stressors.</td>
<td>2. Counselor and client have identified coping strategies to apply toward environmental stressors.</td>
</tr>
<tr>
<td></td>
<td>3. Client has begun reintegration into various systems.</td>
<td>3. Client has begun reintegration into various systems.</td>
<td>3. Client has begun reintegration into various systems.</td>
</tr>
</tbody>
</table>
From: Commanding Officer
To: Rank/Name/SSN/MOS of Member being assigned

Subj: ASSIGNMENT TO DRUG/ALCOHOL ABUSE TREATMENT

Ref: (a) MCO P1700.24_
(b) MCO P1900.16_

1. In accordance with reference (a), you are assigned to Outpatient/Intensive Outpatient/Residential Treatment, where you will receive treatment for alcohol/drug abuse. You will report to the Substance Abuse Counseling Center, Bldg _____ at _____ on _____.
   (Time) (Date)

2. The following is expected of the participants in the treatment program:
   a. All sessions will be attended.
   b. Completion of individual rehabilitation plan.
   c. Active participation in the class sessions.
   d. No consumption of alcohol or any other drug during treatment.
   e. Attendance at Twelve Step groups (if assigned).
   f. Completion of homework assignments.
   g. Follow additional rules/guidelines of the SACC.

Figure 5-1.--Format of a Letter of Assignment to Outpatient Services.
Subj: ASSIGNMENT TO DRUG/ALCOHOL ABUSE TREATMENT

3. In accordance with paragraph 6209 of reference (b), a Marine referred to a program of rehabilitation for personal alcohol abuse may be separated for failure through the inability or refusal to participate in, cooperate in, or successfully complete such a program.

CO’s Signature

SACO
Date

FIRST ENDORSEMENT

From: Rank/Name/SSN/MOS of Member being assigned
To: Commanding Officer

1. I understand and acknowledge receipt of this assignment letter and the consequences of refusing treatment or not successfully completing the program.

Signature of Member Being Assigned

Copy to:
SACC
Unit case file

Figure 5-1.--Format of a Letter of Assignment to Outpatient Services.
AUDIO/VIDEO ACKNOWLEDGMENT FORM

On certain occasions, interviews and treatment sessions may be audio/video taped, and/or observed. The purpose of these procedures is to provide for high quality professional services and for use in training Navy/Marine Corps Drug and Alcohol Counselors.

I, ______________________________, acknowledge the production of audio/video tape recordings, closed circuit television viewing, or other forms of observation at (provide location) ______________________________ for the above purposes. I understand that all information so obtained will be handled in confidence to the extent allowed by law. Per the Privacy Act Statement for Marine Corps Drug and Alcohol Counseling Records, I understand this information will not be released to unauthorized agencies or individuals without my express, written consent.

Client Name:__________________ Client SSN:__________________
Client Signature:_________________________ Date:___________
Counselor Signature:______________________ Date:___________
CONSENT TO OBTAIN INFORMATION

The purpose or need for this information is to assist the staff in my rehabilitation efforts. I understand I may revoke this consent to obtain information at any time and that upon fulfillment of the stated purpose(s); this consent will automatically expire without my express revocation. Unless sooner revoked or fulfilled, this consent will expire one year from the date signed. Information provided by other professionals will become part of my case file and will be subject to the rules on confidentiality contained in MCO P1700.24. I realize this communication will reveal my presence in treatment to the person contacted.

Communication between ______________________ and ______________________

Internal Program  Person or Agency

_______________________________   _______________________________

_______________________________   _______________________________

_______________________________   _______________________________

City, state and zip code        City, state and zip code
Attn:__________________________   Attn:__________________________

as specified and agreed to as follows: Obtain information for the following purpose(s):

____________________________________________________________________

____________________________________________________________________

Information to be obtained related to my:

___ chemical usage   ___ medical history

___ social history/background ___ education

___ other (specify):____________________________________________

Methods for obtaining authorized information are:

___ concerned person questionnaire ___ written ___ telephone

___ other (specify):____________________________________________

NOTE: This information being requested from you is protected under confidentiality requirement by Federal Law. Federal regulations prohibit disclosure of this information without the express written consent of the client to whom it pertains, or as otherwise permitted by such regulations. A general medical authorization for the release of medical or other information is not sufficient for this purpose.

Client Name:_____________________  Client SSN:___________________
Client Signature:___________________  Date:____________
Counselor Signature:___________________  Date:__________

1 of 1
1. Identifying information & description of client.
   - Age: ___________________________________________________
   - Marital Status: ________________________________________
   - Race: __________________________________________________
   - Rank: __________________________________________________
   - Branch of Service: _____________________________________
   - Length of Service: _____________________________________
   - Duty Station: __________________________________________

2. Circumstance prompting admission & motivation for treatment:
   __________________________________________________________________
   __________________________________________________________________
   __________________________________________________________________
   __________________________________________________________________
   __________________________________________________________________

3. Current living arrangements & relationships:
   __________________________________________________________________
   __________________________________________________________________
   __________________________________________________________________
   __________________________________________________________________

4. Chemical dependency history:
   __________________________________________________________________
   __________________________________________________________________
   __________________________________________________________________
   __________________________________________________________________

5. Pertinent past history (including psychiatric & suicidal):
   __________________________________________________________________
   __________________________________________________________________
   __________________________________________________________________
   __________________________________________________________________

6. Assessments:
NOTE: It is permissible to state "no identified areas of concern" in individual sections

- Family and Cultural

- Education and Work

- Military

- Socialization, Self-Concept and Communications

- Recreational and Leisure
- Financial

- Spirituality and Religion

- Legal

- Emotional and Behavioral

- Current Needs and Concerns

- Current Suicidal Ideation
7. Summary of Patient’s Strengths:
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________

8. List problems to be addressed at intake by counselor on Treatment Plan:
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________

9. List possible concerns to be discussed during treatment committee meetings:
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________

Additional comments:
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________

Client Name:__________________ Client SSN:_________________
Counselor Signature:______________________ Date:___________

4 of 4
COUNSELOR ASSESSMENT AND RECOMMENDATION

Diagnosis/Diagnostic Impression:
___ Alcohol Abuse          ___ Drug Abuse
___ Alcohol Dependency     ___ Drug Dependency
___ None                   Other __________________

Counselor Diagnostic Impression and Assessment:
________________________________________________________________________
________________________________________________________________________
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________________________________________________________________________

Recommendations:
___ Return to duty. No further counseling or assistance indicated at this time.
___ Early Intervention       ___ Out-Patient
___ Intensive Out-Patient   ___ In-Patient
___ Refer to LIP diagnosis and placement.
___ Refer to medical officer for evaluation of need for detoxification.
Refer to the following 12 step program meetings (AA/NA/Other__________). Recommend _____ meeting(s) per week for ______ week(s)/month(s).

Refer to Fleet Mental Health for psychiatric evaluation.
Specify reason:
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
Other: Specify referral source and reason:
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________

Amenability to service recommendations: Potential for further productive with recommended program:
___ Good                   ___ Good
___ Fair                    ___ Fair
___ Poor                   ___ Poor

Client Signature: ______________________ Date:____________
Counselor Signature:_______________________ Date:____________
Client Name:___________________ Client SSN:_________________
DISPOSITION OF REFERRED PROBLEMS

Problem:________________________________________________________
________________________________________________________________
Comments:_______________________________________________________
________________________________________________________________
Referral Agency:___________________________________________________

Client Signature:____________________________ Date:_____________
Counselor Signature:_________________________ Date:_____________

Problem:________________________________________________________
________________________________________________________________
Comments:_______________________________________________________
________________________________________________________________
Referral Agency:___________________________________________________

Client Signature:____________________________ Date:_____________
Counselor Signature:_________________________ Date:_____________

Problem:________________________________________________________
________________________________________________________________
Comments:_______________________________________________________
________________________________________________________________
Referral Agency:___________________________________________________

Client Signature:____________________________ Date:_____________
Counselor Signature:_________________________ Date:_____________

Client Name: ________________________       SSN: _______________
1. Describe your parents (and step-parents) and your present/past relationship with each parent (and step-parent).
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________

2. Describe your brothers, sisters, and step-siblings, (include ages). ________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________

3. Do the people with whom you reside abuse alcohol or drugs? 
   Yes______  No______

4. How is your present marriage? Include a description of your relationship with your spouse. 
   ________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________

5. If you have been married, how many times?______

6. Does your spouse have difficulty with alcohol, drugs, or other problems? 
   Yes______  No______

7. What family problems are of concern to you? Also, explain any concerns you may have about a specific family member.
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________

Client Signature: ______________________ Date: __________
Client Name:__________________________ Client SSN:__________________________
8. Has any member of your family ever been treated for mental illness or substance abuse?  
Yes___  No___  
If yes, explain:  
________________________________________________________________  
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Additional comments:  
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Client Signature:_________________________  Date: __________  
Client Name:___________________________  Client SSN:_________________
1. Are you currently taking college courses? Yes___ No___

2. What was your usual job or occupation prior to joining the service?________________________________________________________

3. Were you ever fired or relieved? Yes___ No___
   If yes, explain?________________________________________________________
   ____________________________________________________________________
   ____________________________________________________________________

4. What trouble, if any, did/do you have with your job?
   ____________________________________________________________________
   ____________________________________________________________________
   ____________________________________________________________________
   ____________________________________________________________________

5. Has your job performance been affected by your use of alcohol or drugs? Yes___ No___
   If yes, explain:_____________________________________________________
   ____________________________________________________________________
   ____________________________________________________________________
   ____________________________________________________________________
   ____________________________________________________________________

Client Signature:_________________________________________ Date: _______
Client Name:___________________________ Client SSN:_________________
MILITARY HISTORY

1. Why did you join the military? ____________________________________________
   _______________________________________________________________________
   _______________________________________________________________________

2. If service is broken, what did you do between enlistments and why did you re-enter? ____________________________
   _______________________________________________________________________
   _______________________________________________________________________

3. Are you currently pending separation or retirement from the service?  Yes___  No___

4. If pending separation or retirement from the military, what are your future plans? ____________________________
   _______________________________________________________________________
   _______________________________________________________________________

5. Do you have any combat experience?  Yes___  No___

6. Are you concerned that you may not be allowed to resume your full military occupational specialty duties because of problems related to alcohol or drugs?  Yes___  No___

   If yes, explain: _______________________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________

Client Signature: ___________________________  Date: ______________

Client Name: ___________________________  Client SSN: ______________
SOCIALIZATION, SELF-CONCEPT AND COMMUNICATIONS HISTORY

1. How many close friends do you have? ___________

2. Are you satisfied with your current circle of friends? Yes___ No___

3. Do alcohol or drugs make it easier for you to socialize? Yes___ No___

4. What are your personal strengths? _________________________
   ___________________________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________

5. Would you describe yourself as a loner? Yes___ No___

6. Are you still experiencing feelings of grief, hurt or sadness over the loss of a significant person in your life? Yes___ No___

7. Do you have trouble speaking up and asserting yourself? Yes___ No___

8. Do you have outbursts or loss of control of your temper? Yes___ No___

Client Signature:_________________________ Date: _________

Client Name:_________________________ Client SSN:_________________
1. What was your income last year? ____________

2. Have you been in trouble for spending too much money or spending money inappropriately? Yes___ No___
   If yes, explain:_________________________________________________________________________
   ___________________________________________________________________________________
   ___________________________________________________________________________________

3. Sources of income last year:
   ___Job ___Savings ___Family ___Friends ___Navy Relief ___Public Assistance/Welfare ___Other_____________________

Client Signature:_________________________ Date: __________
Client Name:___________________________ Client SSN:_________________________
SPIRITUALITY AND RELIGION HISTORY

1. Do you have a religious preference?  Yes___  No___
   Explain:________________________________________________________
   __________________________________________________________________
   __________________________________________________________________
   __________________________________________________________________

2. Would you like to visit with a chaplain for the purpose of exploring religious/spiritual issues while you are here?
   Yes___  No___

Client Signature:__________________________   Date:____________

Client Name:________________________   Client SSN:______________
1. Do you have any current legal problems or concerns (military or civilian)?
   Yes___ No___
   If yes, explain:
   __________________________________________________________
   __________________________________________________________

2. Do you have any pending military or civilian court dates?
   Yes___ No___
   If yes, explain:
   __________________________________________________________
   __________________________________________________________

3. Have you ever been arrested? Yes___ No___
   If yes, please explain:
   __________________________________________________________
   __________________________________________________________

4. Please indicate the number of times you have been arrested for the following alcohol or drug related offenses:

   Date: (Mo/Yr)      Infraction      Blood Alcohol Content
   (number of times)          (if known)

   ____ DUI/DWI:_________________________ BAL:__________________
   ____ Public Intoxication:_____________ BAL:__________________
   ____ Drunk and Disorderly:____________ BAL:__________________
   ____ Assault:_________________________ BAL:__________________
   ____ Other:___________________________ BAL:__________________

Client Signature:_______________________ Date: ____________
Client Name:__________________________ Client SSN:_________________
EMOTIONAL AND BEHAVIORAL HISTORY

1. Are you now seeing or have you ever been seen in the past by a psychiatrist, psychologist, social worker, or other mental health professional? Yes___ No___

2. Do you have difficulty performing sexually unless you are "high" on alcohol or other drugs? Yes___ No___

3. Have you ever heard voices that other people have not heard? Yes___ No___

4. Have you ever seen things that other people have not seen? Yes___ No___

5. Have you ever intentionally set a fire? Yes___ No___

6. Have you ever been cruel to animals? Yes___ No___

7. Have you been in many fights? Yes___ No___

8. Have you ever run away from home? Yes___ No___

9. Are you currently experiencing crying spells? Yes___ No___

10. Do you believe that you have a problem handling stress? Yes___ No___

11. Have you recently experienced sleep difficulties? Yes___ No___

12. Are you currently having feelings of helplessness or hopelessness? Yes___ No___

Client Signature:_________________________ Date: __________

Client Name:_________________________ Client SSN:____________________
13. Are you currently having thoughts of hurting someone else?
   Yes___  No___
If yes, explain: ______________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________

14. Have you ever contemplated, threatened, or attempted suicide or self-injury?
    Yes___  No___
If yes, explain: ______________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________

15. Have you ever received a psychiatric diagnosis of any kind?
    Yes___  No___
If yes, explain: ______________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________

Client Signature:________________________  Date:__________
Client Name:____________________________ Client SSN:_______________
INDIVIDUAL TREATMENT PLAN

<table>
<thead>
<tr>
<th>Problem #:_____</th>
<th>Problem Statement:</th>
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<tr>
<th>Goal (s)</th>
<th>Objectives (includes methods and frequency)</th>
<th>Client Initial</th>
<th>Objective Dates</th>
<th>Staff Implementer</th>
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<td>Open</td>
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Case Manager Signature:_________________________________________ Date:___________

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<th>Initials</th>
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Client Signature (Date Open):_________________________ Client Signature (Date Closed): ___________

Counselor Signature:_________________________________ Date: __________

Supervisor Signature:_________________________ Date:______ LIP Signature:____________ Date: ______

Client Name:________________________________________ Client SSN: ___________________________

1 of 1
DIAGNOSIS/ Diag nostic Impression:
1. _______________________________________________________
2. _______________________________________________________
3. _______________________________________________________
4. _______________________________________________________
5. _______________________________________________________

MASTER PROBLEM LIST

<table>
<thead>
<tr>
<th>Date</th>
<th>Problem #</th>
<th>Description of Clinical Problems</th>
<th>Codes</th>
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<tbody>
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Codes:
T=Current Treatment Program
R=Referred

Estimated Length of Treatment: _______ Days
Estimated Completion Date: __________

Client Signature:_____________________ Date: _______

Counselor Signature:_________________ Date: _______

Client Name:_____________  Client SSN:__________________
INFORMATION RELEASE AUTHORIZATION

I, _________________________________ (client's name) hereby authorize _____________________________ (program name), its director, or designee, to release information contained in my client record(s) to the below listed individual(s) or organization(s) and only under the conditions listed below:

1. Name of person(s) or organization(s) to whom disclosure is to be made: ______________________________________________
   ___________________________________________________________
   ___________________________________________________________

2. Specific type of information to be disclosed: ________
   ___________________________________________________________
   ___________________________________________________________

3. The purpose and need for such disclosure: ____________
   ___________________________________________________________
   ___________________________________________________________

4. This consent is subject to revocation at anytime.

5. Without express revocation this consent expires for the following specified reasons:
   A. Date:_____/_____/_____
   B. Event: _________________________________________
   C. Condition: _______________________________________

_____________________________       _______________________
Client's Signature      Date Signed

_____________________________       _______________________
Witnessed By       Date Witnessed

Client Name:_________________________ Date: __________

1 of 1
This form is being sent to you with the permission of _____________________. This form has been developed for use as part of overall evaluation of the client for drug or alcohol dependency. Please check the most appropriate response or fill in the answer. Choose only one response per question unless otherwise instructed. Thank you for your help. A signed Consent Form must be obtained from the client prior to presenting this form to the client's significant other.

A. Alcohol or other mood-altering chemical use.

During the past year, was the client having problems with any of these drugs? (Be sure to answer each item)

<table>
<thead>
<tr>
<th>Drug Category</th>
<th>Yes</th>
<th>No</th>
<th>Don't Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol (beer, wine, liquor)</td>
<td>___</td>
<td>___</td>
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<tr>
<td>Sedatives (sleeping pills, tranquilizers)</td>
<td>___</td>
<td>___</td>
<td>___</td>
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<tr>
<td>Stimulants (pep pills, diet pills, speed)</td>
<td>___</td>
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<tr>
<td>Opiates (pain pills, heroin)</td>
<td>___</td>
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<tr>
<td>Hallucinogens (LSD, PCP)</td>
<td>___</td>
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<tr>
<td>Marijuana</td>
<td>___</td>
<td>___</td>
<td>___</td>
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<tr>
<td>Other substances</td>
<td>___</td>
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</table>

Please explain what problem is/was for the client:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
In the following items, the term chemical use includes any use of alcohol or mood-altering drugs.

8. During the past year, how often did the client typically use alcohol or mood-altering chemicals?

___(a) daily    ___(e) monthly or less
___(b) several times a week ___(f) none
___(c) once a week    ___(g) not sure
___(d) several times a month

9. During the past year, how many capsules, tablets, drinks (beer, etc.), joints, "hits," etc., or mood-altering chemicals did the client typically take each day of use?

___(a) less than 1        ___(e) 8-10
___(b) 1-2     ___(f) more than 10
___(c) 3-4     ___(g) none
___(d) 5-7     ___(h) not sure

B. Consequence

During the past year, which of the following problems has the client experienced from alcohol or mood-altering chemical use, or from the effects of obesity? (Be sure to answer each item.)

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Don't Know</th>
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<tbody>
<tr>
<td>1. Social problems? (for example, arguments or difficulties with family or friends)</td>
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<tr>
<td>2. Occupational problems? (for example, poor job performance, missed work or fired)</td>
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<tr>
<td>3. School performance? (for example, poor school performance, missed school, or suspended)</td>
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<tr>
<td>4. Legal problems? (for example, traffic arrests, accidents, or other police problems)</td>
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<tr>
<td>5. Use at inappropriate times? (for example, morning use)</td>
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<tr>
<td>6. Inability to reduce, control, or stop use?</td>
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</table>

2 of 3
7. Two or more blackouts? (inability to remember events occurring during intoxication) ____ ____ ____

8. Two or more overdoses? (severe intoxication resulting in loss of consciousness or hallucinations) ____ ____ ____

9. Withdrawal symptoms when use is stopped or reduced? (convulsions, hallucinations, anxiety, depression, shakes) ____ ____ ____

10. Tolerance? (more alcohol or drug needed to achieve desired effect, or lessened effect from regular amount) ____ ____ ____

11. In the past year, has the client experienced any severe emotional trauma; i.e., death of a family member or close friend, lost his/her job, quit school, etc.? ____ ____ ____

12. In the past year, have you consulted a psychiatrist or psychologist regarding treatment for the client? ____ ____ ____

Are there any additional problems/comments:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Client Name:________________________      Date:___________

Counselor Signature:_____________________ Date:___________

Significant Other's Signature:_______________________ Date:___________
FOLLOW-UP EVALUATION

Please forward this form to the Command SACO/S. This form is used for data collection as part of the SACC Quality Assurance Program. Your assistance is crucial in ensuring the highest quality care is provided by the SACC.

This is the (treatment facility check one) ___ 6, ___ 12, ___ 24 month follow-up evaluation for:

Consider only this member's past (treatment facility check one) ___ 6 ___ 12 months performance when completing this evaluation.

Client's Name: ________________________ SSN: ______________
Treatment Date: __________ Unit/Command: __________________

Return this form to the following address:

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

1. Is the member onboard your command? Yes ___ No___
2. If number 1 is no, which of the following best describes the member's current status?
   a. ___ No longer active duty.
       ___ Completed military obligations, discharged honorably.
       ___ Separated for medical reasons.
       ___ Administratively separated with one of the following characterizations: ___ Honorable,
          ___ General, ___ Other Than Honorable.
       ___ Was separation for alcohol rehabilitation failure or failure to meet body fat/PFT standards? Yes___ No___

IF MEMBER IS NO LONGER ON ACTIVE DUTY, STOP. RETURN THIS FORM TO THE ABOVE LISTED TREATMENT FACILITY.
b. Transferred to another command. Please provide the forwarding command's address and return this form to the above listed treatment facility.

___________________________________________________________
___________________________________________________________
___________________________________________________________

3. Has the member successfully completed aftercare?

___ Yes.
___ No. Still in aftercare status.
___ No. Failed to complete aftercare.
___ Never had an aftercare program assigned.

Please explain:_________________________________________________________________
___________________________________________________________
___________________________________________________________

SACO/S: Have the member's supervisor complete the remainder of this form. When the supervisor returns this form to you, ensure it is complete and all questions are answered. Return this form to the treatment facility listed on page one when you are finished with the form. Be sure all questions have been answered before returning this form to the treatment facility.

Supervisor: Answer all questions on this form, to the best of your ability, for the member listed on page one. Any questions you are unable to answer will be completed by your Command SACO/S. Be candid - the information you provide will be used for statistical purposes only. It will in no way affect the member.

4. Is the member recommended for retention and/or reenlistment?

___ Yes.
___ Unsure.
___ No - a poor past record.
___ No - poor present performance.
___ No - has no desire to remain in service.
5. Is the member attempting to compete for advancement?
   ___ Yes, has been recommended.
   ___ No, recommended but not interested in advancing.
   ___ No, not recommended for advancement.

6. The following apply to the member? (check any that may apply)
   ___ Arrested for misdemeanor
   ___ Arrested for felony
   ___ Convicted of misdemeanor
   ___ Convicted of felony
   ___ Arrested for DWI/DUI
   ___ Involved in alcohol incident(s) (other than DWI/DUI)
   ___ Involved in illicit drug related incident(s)
   ___ Attending 12 Step/Support Group meetings
   ___ Experienced financial problems
   ___ Experienced marital problems
   ___ Experienced improving work performance
   ___ Experienced declining work performance
   ___ Experienced significant positive behavior changes
   ___ Experienced significant negative behavior changes

7. Has the individual been the subject of any adverse military administrative action?   Yes___ No___
   If yes, please describe: __________________________________
   _______________________________________________________
   _______________________________________________________
   _______________________________________________________

8. Has the member received any punitive action or have any pending (e.g. NJP)? Yes___ No___
   If yes, please describe: __________________________________
   _______________________________________________________
   _______________________________________________________
9. Does member perform all duties of his/her rating or billet?
   Yes___ No___

   Please explain: ______________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________

Use this scale for items 10-14:

   5 = Strongly agree
   4 = Agree
   3 = Neither agree or disagree
   2 = Disagree
   1 = Strongly disagree
   0 = Not observed

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<td>2</td>
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10. Quality - what member does is done right:

11. Output - member produces at the level required/expected:

12. Timeliness - assignments are done promptly and on time:

13. Promptness - member is ready and on-duty when work begins:

14. Teamwork - member works effectively with other members:

Any additional comments: ____________________________________________
_________________________________________________________________
_________________________________________________________________
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_________________________________________________________________

SACO/S
Name:___________________________________________________________
SACO/S Signature:_________________________ Date: _______________

SUPERVISOR’S Name: _____________________________________________
SUPERVISOR’S Signature: ___________________ Date: ______________

4 of 4
PART A - GENERAL

The Marine Corps uses a variety of forms in administering matters related to the individual Marine. Forms are necessary for enlistment and reenlistment, evaluating performance, applying for training and assignments, granting leave, disciplinary action, administering pay, and other purposes. In some instances, these forms involve the collection of personal information from the individual Marine. Information such as home address and telephone number, names and other information on dependents, preference for duty, address on leave, and the individual's Social Security Number are illustrative of the information asked for on forms.

The Privacy Act of 1974 requires that you be informed of the authority, purposes, uses, and effects of not providing information when it is requested from you. In order to eliminate the need for issuing an individual statement each time information is requested from you about matters such as those described, this statement serves as a on-time Privacy Act Statement which is intended to satisfy the requirements of the Privacy Act when forms related to your drug and alcohol counseling records are used.

PART B - INFORMATION TO BE FURNISHED TO INDIVIDUAL

1. AUTHORITY

Title 5, U.S. Code, Section 301, is the basic authority. Use of Social Security Number as a means of personal identification is authorized by Executive Order 9397 of 23 November 1943.

2. PRINCIPAL PURPOSES

The information that is requested from you is intended principally to provide a basis on which to assess your use of alcohol and other drugs and to provide therapeutic assistance to you as required. The information you provide will become part of your drug and alcohol counseling record.

3. ROUTINE USES

Records of the identity, diagnosis, prognosis, or treatment of any client/patient, irrespective of whether or when he or she ceases to be a client/patient, maintained in connection with the performance of any program or activity relating to substance abuse education, prevention, training, treatment, rehabilitation, or research, which is conducted, regulated, or directly or indirectly assisted by any department or agency of the United States shall, except as provided below, be confidential and disclosed only for the purposes and under the circumstances expressly authorized in 42 U.S.C. 290dd-2. This statute takes precedence over the Privacy Act of 1974, in regard to accessibility of such records, except to the individual to whom the record pertains.
The content of any record referred to above may be disclosed in accordance with the prior written consent of the client/patient with respect to whom such record is maintained, but only to such extent, under such circumstances, and for such purposes as may be allowed under 42 C.F.R. §§ 2.31-2.35.

Whether or not the client/patient, with respect to whom any given record referred to above is maintained, gives written consent, the content of such record may be disclosed as follows:

To medical personnel to the extent necessary to meet a bona fide medical emergency;

To qualified personnel for the purpose of conducting scientific research, management audits, financial audits, or program evaluation, but such personnel may not identify, directly or indirectly, any individual client/patient in any report of such research, audit, or evaluation, or otherwise disclose client/patient identities in any manner; and

If authorized by an appropriate order of a court of competent jurisdiction.

The above prohibitions do not apply to any interchange of records:

Within the Uniformed Services or within those components of the Department of Veterans Affairs furnishing health care to veterans; or

Between such components and the Uniformed Services.

The above disclosure restrictions do not apply to the reporting under State law of incidents of suspected child abuse and neglect to the appropriate State or local authorities.

The “Blanket Routine Uses” that appear at the Marine Corps’ compilation of systems notices do not apply to these types of records.

4. MANDATORY OR VOLUNTARY DISCLOSURE AND EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION

Providing the requested information is voluntary; however, failure to disclose certain information could result in an incomplete and inaccurate analysis of personal drug or alcohol abuse. Disclosure of your Social Security Number is mandatory.

PACT C - STATEMENT OF UNDERSTANDING BY THE INDIVIDUAL

I have read and understand this statement, I understand that I may have the opportunity to review published systems notices and current Marine Corps directives that pertain to forms that I am asked to complete.

<table>
<thead>
<tr>
<th>Date</th>
<th>Signature of the Individual</th>
<th>Social Security No.</th>
</tr>
</thead>
</table>

2 of 2
CONFIDENTIALITY OF ALCOHOL/DRUG ABUSE PATIENT RECORDS STATEMENT

The confidentiality of alcohol and drug abuse patient records maintained by this program is protected by Federal law and regulations. Generally, the program may not say to a person outside the program that a patient attends the program, or disclose any information identifying a patient as an alcohol or drug abuser Unless:

(1) The patient consents in writing;
(2) The disclosure is allowed by a court order; or
(3) The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation.

Violation of the Federal law and regulations by a program is a crime. Suspected violations may be reported to appropriate authorities in accordance with Federal regulations.

Federal law and regulations do not protect any information about a crime committed by a patient either at the program or against any person who works for the program or about any threat to commit such a crime.

Federal laws and regulations do not protect any information about suspected child abuse or neglect from being reported under State law to appropriate State or local authorities.

These disclosure restrictions do not apply to any interchange of records:

(1) Within the Uniformed Services or within those components of the Department of Veterans Affairs furnishing health care to veterans; or
(2) Between such components and the Uniformed Services.

All providers have a duty to immediately inform the commanding officer of any disclosure of a past crime or illegal act, an incident which places the command or any of its members in jeopardy, and all other matters significant to the command.

(See 42 U.S.C. 290dd-2 for Federal laws and 42 C.F.R. part 2 for Federal regulations.)

Date         Signature of the Individual       Social Security No.

1 of 1
1. The Installation Alcohol Abuse Prevention Specialist billet is available to Gunnery Sergeants and Master Sergeants only. Requests for assignment as an Alcohol Abuse Prevention Specialist will be sent to the CMC (MMEA) via the chain-of-command, using an AA Form to include the requirements below.

   a. Command Screening Form.

   b. Interview Form. Candidates must be interviewed by a SACC Director who is also a certified Alcohol and Drug Counselor.

   c. One full view photo (promotion type).

   d. A one page letter on “Why I Want To Be An Alcohol Abuse Prevention Specialist.”

2. Selectees will receive formal training for this MOS through a CMC (MR) approved course. Upon successful completion of training, these individuals will be assigned into authorized billets established by T/O line numbers. Their primary responsibility is to provide preventive education and training to Marines and assist units in satisfying the requirements of this Manual.
COMMAND SCREENING FOR ALCOHOL ABUSE PREVENTION SPECIALIST

THIS INFORMATION SHOULD BE INCLUDED AS AN ENCLOSURE

<table>
<thead>
<tr>
<th>NAME</th>
<th>GRADE</th>
<th>SSN</th>
<th>MOS</th>
<th>PREREQUISITE</th>
<th>REMARKS</th>
<th>QUALIFIED YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>VOLUNTEER</td>
<td>Expresses a desire and willingness to perform required duties and tasks.</td>
<td>__</td>
<td>__</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>INTERVIEW</td>
<td>Interviewed and recommended.</td>
<td>__</td>
<td>__</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>GYSGT-MSGT</td>
<td>Waivers will not be considered.</td>
<td>__</td>
<td>__</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>HS GRAD/GED</td>
<td>Marines must be able to successfully complete college level courses of instruction. Waivers will be considered.</td>
<td>__</td>
<td>__</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>WITH GT 105</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>COMMUNICATION</td>
<td>The ability to communicate effectively is essential. The Marine must be an articulate and logical speaker, able to converse in a clear manner, persuasive and personable, and should feel comfortable among strangers.</td>
<td>__</td>
<td>__</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>OBLIGATED</td>
<td>Marines must have 3 years of obligated service upon completion of the training.</td>
<td>__</td>
<td>__</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>SERVICE</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>REQUIREMENTS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>MEDICAL/MENTAL</td>
<td>The Marine must be medically/mentally fit for duty. Applicants must have passed a physical examination within the previous year and a psychological evaluation as part of this application process. A recovering alcoholic must have 2 years sobriety and a strong personal recovery program to include AA/NA prior to requesting entry level training into this field.</td>
<td>__</td>
<td>__</td>
</tr>
<tr>
<td>PREREQUISITE</td>
<td>REMARKS</td>
<td>QUALIFIED</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>--------------------</td>
<td>-------------------------------------------------------------------------</td>
<td>-----------</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PERSONAL</td>
<td>All candidates must be within weight standards, satisfactorily pass the PFT, and maintain an appropriate military appearance.</td>
<td>___</td>
<td>___</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>APPEARANCE/WEIGHT</td>
<td></td>
<td>YES</td>
<td>NO</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>STANDARDS/PHYSICAL</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FITNESS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>STABLE FAMILY</td>
<td>Marines with personal problems of a significant nature will not be assigned to this field until the problem is resolved. Applicant must not have committed a substantiated incident of child or spouse abuse.</td>
<td>___</td>
<td>___</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

I certify that__________________________________________________

<table>
<thead>
<tr>
<th>Name</th>
<th>Grade</th>
<th>SSN</th>
</tr>
</thead>
</table>

meets the requirements outlined in this form and is recommended for assignment to the Alcohol Abuse Prevention field.

_____________________________

Date     Commanding Officer's Signature

1 of 2
INSTRUCTIONS FOR THE INTERVIEWER
INTERVIEW TOOL

It is important that you identify serious problems affecting the applicant - such as recent or pending divorce, unstable sobriety, or any history of substantiated child or spouse abuse.

The enclosed screening form covers important qualifying and background information necessary for the screening. Add to it your experience of this applicant and their response to your asking about the interview.

SACC SCREENING INSTRUMENT FOR ALCOHOL ABUSE PREVENTION CANDIDATES

Name:_______________________ SSN:____________ Grade:__________
EAS:___________________ AFADBD:________________
GT:_______
Height:___________ Weight:____________ Age:________
DDRC Name (Print):_________________________________

I. ELIGIBILITY

1. Be E-7 or E-8 (GySgt or MSgt).

2. Stability in personal affairs.

3. At the time of screening, a recovering alcoholic must have 2 years sobriety and a strong personal recovery program to include AA/NA prior to requesting entry-level training into this field.

4. Demonstrated the ability to write/speak with a good command of the English language.

5. GT 105 or above.

6. Must meet height and weight standards.

7. Completed a physical and psychological evaluation.
II. PERSONAL HISTORY

1. Review of Service Record:
   a. What is present MOS?__________________
      Does the applicant work in their MOS?_____________
      If no, what MOS currently working in?_____________
   b. List any schools and dates the applicant attended within the drug and alcohol field.

   c. List and give dates and locations of any previous duties that the applicant has been assigned within the drug and alcohol field.

   d. Describe any record entries which indicate family problems, indebtedness, or any other personal difficulties. Give details and indicate if these issues have been resolved. If resolved, how?

2. Review of Medical Record:
   a. Does the applicant have any injury or physical condition which may hamper the individual from completing the training or the tour? If yes, explain the circumstances.

   b. Review the health record for frequent sick calls, hospitalization, or indications of substance abuse.
3. **Academics:**

   a. Assess the applicant's written/oral communication skills. (Enclose with the evaluation form a written statement by the individual of why applicant wants to be a counselor.)

   __________________________________________________________
   __________________________________________________________

   b. Last grade completed ___. Major area ____________.

4. **Personal Interview:**

   a. **Appearance:** include comments concerning appropriateness of uniform and overall appearance.

   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

   b. **Family Relationships:**
   Married: 1st/2d/3d Single:__ Divorced:__ Separated:__
   Number of dependent children ___
   Describe family relationships and any major difficulties during the last 2 years to include: any treatment for spouse or other family members for drug/alcohol, substantiated incidents of child or spouse abuse.

   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

   c. Is the applicant recovering from drug/alcohol?

   __________________________________________________________

   What is the length of sobriety or abstinence?

   __________________________________________________________

   Where and when did they receive treatment?

   __________________________________________________________

3 of 4
d. Give a list of self-help groups the applicant is currently involved in. (AA, NA, AOA, CODA etc.)

___________________________________________________

___________________________________________________

e. Any private therapy? If yes, explain.

___________________________________________________

___________________________________________________

___________________________________________________

___________________________________________________

f. Any alcohol or drug related incidents? If yes, give full details.

___________________________________________________

___________________________________________________

___________________________________________________

___________________________________________________

g. What are the applicant's current drinking patterns?

___________________________________________________

___________________________________________________

___________________________________________________

___________________________________________________

h. Explore the applicant’s general attitude in regards to drinking.

___________________________________________________

___________________________________________________

___________________________________________________

___________________________________________________

___________________________________________________

___________________________________________________

___________________________________________________

Interviewer's Signature / Date

4 of 4
1. The Marine Corps Substance Abuse Counselor is an additional MOS open to enlisted Marines, Corporal through Master Sergeant. Formal training for this MOS is provided at the Navy Drug and Alcohol Counselor School (NDACS), Naval Station Point Loma, CA. This course is funded by HQMC.

2. Requests for assignment as a substance abuse counselor will be sent to the CMC (MMEA-85) via the chain-of-command, using an AA Form. Selectees will be issued temporary additional duty orders to NDACS by the CMC (MMEA-85).

3. Upon successful completion of counselor training CMC (MMEA-85) will direct assignment of substance abuse counselors into authorized billets established by T/O line numbers. The joining command will enter the NDACS school code 82C into the unit diary. When a Marine meets the requirements for counselor certification, found in the current edition of NAVMILPERCOMINST 5350.1_, CMC (MMEA-85) will assign the additional MOS 8538.

4. Guidelines for the removal of this MOS are found in NAVMILPERCOMINST 5350.1_.

5. All counselors (MOS 8538 and civilian) regardless of intern or certified status, will maintain a current Individual Development Plan (IDP) while in a counseling billet.

6. Substance Abuse Counselors working in a counseling billet will not be used for urine collection and/or packaging and shipping.

7. This program is not available to the Marine Corps Reserve.

8. Requests for assignment as a substance abuse counselor will include the following enclosures:
   a. Copy of psychological examination;
   b. Command NDACS Screening Tool;
   c. NDACS Interview Instrument;
   d. One full view photo (promotion type); and
   e. A one page letter on “Why I Want To Be A Substance Abuse Counselor.”
9. Marine and/or civilian counselors who use illegal drugs, misuse prescription drugs, or use alcohol irresponsibly are subject to removal from the counseling program. Procedures for removing Marine counselors are found in NAVMILCOMINST 5350.1. For civilian counselors, refer to the local Civilian Human Resources Office.
## Command Screening Tool for NDACS Candidates

This tool should be included as an enclosure to the request for assignment to NDACS.

<table>
<thead>
<tr>
<th>Name</th>
<th>Grade</th>
<th>SSN</th>
<th>MOS</th>
<th>Prerequisite</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Qualified</td>
<td>[YES</td>
</tr>
<tr>
<td><strong>Volunteer</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Expresses a desire and willingness to perform required duties and tasks. [YES</td>
</tr>
<tr>
<td><strong>Counselor Interview</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Interviewed and recommended by the Senior Substance Abuse Counselor. [YES</td>
</tr>
<tr>
<td><strong>CPL-MSGT</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Waivers will not be considered. [YES</td>
</tr>
<tr>
<td><strong>Minimum Age 21</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Although recognized that age is not a prime indicator of maturity, it is considered a fairly reliable measure of experience. Waivers will not be considered. [YES</td>
</tr>
<tr>
<td><strong>HS Grad/GED with GT 105</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Marines must be able to successfully complete college level courses of instruction. Waivers will be considered. [YES</td>
</tr>
<tr>
<td><strong>Communication</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>The ability to communicate is an essential part of counseling. The Marine must be an articulate and logical speaker. The Marine should be able to converse in a clear manner and should not be hesitant to speak. A counselor should be persuasive and personable, and should feel comfortable among strangers. [YES</td>
</tr>
<tr>
<td><strong>Obligated Service Requirements</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Marines must have 4 years of obligated service upon completion of the course or agree in writing to meet these requirements. [YES</td>
</tr>
</tbody>
</table>

1 of 2
MEDICAL/MENTAL The Marine must be medically/mentally fit for duty. Applicants must have passed a physical examination within the previous year and a psychological evaluation as part of this application process. A recovering alcoholic must have 2 years sobriety and a strong personal recovery program to include AA and/or NA prior to requesting entry level training into this field. ___|__

PREREQUISITE REMARKS QUALIFIED

PERSONAL All candidates must be within weight standards, satisfactorily pass the PFT, and maintain an appropriate military appearance. The counselor will represent professional and paraprofessional members of the community to which assigned. ___|__

APPEARANCE/WEIGHT STABLE FAMILY Marines involved in divorce proceedings and those with personal problems of a significant nature should not be assigned to the course until the problem is resolved. A stable personal life has proven essential for successful completion of formal training and adjustment to counselor roles. Applicant has not committed a substantiated incident of child or spouse abuse. ___|__

PHYSICAL FITNESS

I certify that

______________________________
Name Grade SSN

meets the requirements listed in the current editions of MCO P1200.7, as outlined in this tool, and is recommended for assignment to counselor school.

_______ ______________________________
Date Commanding Officer's Signature

2 of 2
This interview serves the important function of selecting candidates for the NDACS. This school is rigorous and involves experiential as well as didactic training. Counselor training involves learning and improving interpersonal skills. The purpose of this interview is to select candidates who show the potential to make use of this experiential and intellectual learning to become counselors.

Experience has shown that students who are experiencing serious personal problems have difficulty in attending to the learning experiences required of them in the NDACS setting. Thus, it is important that you identify serious problems affecting the applicant - problems such as recent or pending divorce, unstable sobriety or any history of substantiated child or spouse abuse.

Because counseling is an interpersonal skill requiring some awareness of process, you may be able to get a feel for how comfortable the applicant is in looking at interpersonal dynamics by asking them how they feel about the interview you have had with them. The "content" of the answer is probably of less significance than the ability to relate to you effectively on an experience you have both just shared. The enclosed screening instrument covers the important qualifying and background information necessary to complete the screening. Add to it your interview experience about the applicant and their response to the interview.

The individuals who show the potential to learn in an intense interpersonal environment are desirable candidates whether or not they already know how to counsel.
I. ELIGIBILITY

1. Be E-4 through E-8 (Cpl-MSgt).

2. Stability in personal affairs.

3. At the time of screening, a recovering alcoholic must have 2 years sobriety and a strong personal recovery program to include AA and/or NA prior to requesting entry level training into this field.

4. Demonstrated the ability to write/speak with a good command of the English language.

5. GT 105 or above.

6. Must meet height and weight standards.

7. Completed a physical and psychological evaluation.

8. Special attention should be paid to any indication of unresolved alcohol-related or psychological problems. Counselors will request a psychological evaluation (may include an MMPI).

9. Complete an autobiography. The autobiography shall be mailed to CMC (MR) under separate cover.

II. PERSONAL HISTORY

1. Review of Service Record:

   a. What is present MOS?

   Does the applicant work in their MOS?

   If no, what MOS currently working in?
b. List evaluation marks for the last 24 months.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

c. List any schools and dates the applicant attended within the drug and alcohol field.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

d. List and give dates and locations of any previous duties that the applicant has been assigned within the drug and alcohol field.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

e. Describe any record entries which indicate family problems, indebtedness, or any other personal difficulties. Give details and indicate if these issues have been resolved. If resolved, how?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

2. Review of Medical Record:

a. Does the applicant have any injury or physical condition which may hamper the individual from completing the training or the tour as a counselor? If yes, explain the circumstances.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

b. Review the health record for frequent sick calls, hospitalization, or indications of substance abuse.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
3. **Academics:**
   
a. Assess the applicant's written/oral communication skills. (Enclose with the evaluation form a written statement by the individual of why applicant wants to be a counselor.

b. Last grade completed ___. Major area ________.

4. **Personal Interview:**
   
a. **Appearance:** include comments concerning appropriateness of uniform and overall appearance.

b. **Family Relationships:**
   Married: 1st/2d/3d
   Single:__ Divorced:__ Separated:__
   Number of dependent children ___
   Describe family relationships and any major difficulties during the last 2 years to include: any treatment for spouse or other family members for drug/alcohol, substantiated incidents of child or spouse abuse.

c. Is the applicant recovering from drug/alcohol?
   _______________________________________________________
   _______________________________________________________
   _______________________________________________________
   _______________________________________________________

   What is the length of sobriety or abstinence?
   _______________________________________________________
   _______________________________________________________

   Where and when did they receive treatment?
   _______________________________________________________
d. Give a list of self-help groups the applicant is currently involved in.
___________________________________________________
___________________________________________________

e. Any private therapy? If yes, explain.
___________________________________________________
___________________________________________________
___________________________________________________

f. Any alcohol or drug related incidents? If yes, give full details.
___________________________________________________
___________________________________________________
___________________________________________________

g. What are the applicant’s current drinking patterns?
___________________________________________________
___________________________________________________
___________________________________________________
___________________________________________________
___________________________________________________

h. Explore the applicant’s general attitude in regards to their drinking while working in the counseling field.
___________________________________________________
___________________________________________________
___________________________________________________

5. Motivation: assess the degree and appropriateness of the applicant's desire to be a counselor.
___________________________________________________
___________________________________________________
___________________________________________________
___________________________________________________
___________________________________________________

/                                 /
Interviewer’s Signature  NDAC # Date

/                                 /
Director’s Signature             Date

4 of 4
Urinalysis Collection Material

Collection Materials. The items below are available through the supply system to ensure the urinalysis shipments comply with domestic and international mail carrier regulations. The only authorized urine specimen bottle is as follows.

a. Shipping Boxes:

<table>
<thead>
<tr>
<th>Stock Number</th>
<th>U/I</th>
<th>Size</th>
<th>Bottle</th>
</tr>
</thead>
<tbody>
<tr>
<td>6640-00-165-5778</td>
<td>10</td>
<td>8&quot;X3.5&quot;X6&quot;</td>
<td>12 bottles</td>
</tr>
<tr>
<td>(*) 8115-00-290-5494</td>
<td>25</td>
<td>8&quot;X5&quot;X4.5&quot;</td>
<td>for 9 bottles</td>
</tr>
<tr>
<td>(*) 8115-00-290-3365</td>
<td>25</td>
<td>8&quot;X4&quot;X4&quot;</td>
<td>for 6 bottles</td>
</tr>
</tbody>
</table>

(*) containers do not include bottles or separators.

b. Secondary container bags:

<table>
<thead>
<tr>
<th>Stock Number</th>
<th>Item</th>
<th>Size</th>
<th>Used for</th>
</tr>
</thead>
<tbody>
<tr>
<td>6530-01-307-5431</td>
<td>bag, specimen</td>
<td>5&quot;X6&quot;</td>
<td>single bottle</td>
</tr>
<tr>
<td>6530-01-307-5430</td>
<td>bag, specimen</td>
<td>4&quot;X6.5&quot;</td>
<td>single bottle bag</td>
</tr>
</tbody>
</table>

c. Mailing pouch:

<table>
<thead>
<tr>
<th>Stock Number</th>
<th>Item</th>
<th>Size</th>
<th>Used for</th>
</tr>
</thead>
<tbody>
<tr>
<td>6530-01-304-9762</td>
<td>mailing pouch</td>
<td>10.5&quot;X15&quot;</td>
<td>12 bottle box</td>
</tr>
</tbody>
</table>

mailer

d. Absorbent pads for secondary container bags/mailing pouch:

<table>
<thead>
<tr>
<th>Stock Number</th>
<th>Item</th>
<th>Size</th>
<th>Used for</th>
</tr>
</thead>
<tbody>
<tr>
<td>6530-01-307-7434</td>
<td>pouch, liquid absorbent</td>
<td>1.25&quot;X1.25&quot;</td>
<td>single bottle</td>
</tr>
<tr>
<td>6530-01-307-7433</td>
<td>pouch, liquid absorbent</td>
<td>2.5&quot;X3&quot;</td>
<td>single bottle</td>
</tr>
<tr>
<td>6530-01-304-9754</td>
<td>pouch, liquid absorbent</td>
<td>5&quot;X5&quot;</td>
<td>single bottle or mailer</td>
</tr>
</tbody>
</table>
e. The recommended tamper resistant tape to be used is:

Tamper Resistant Tape:

Vendor: TIME MEDICAL LABELING SYSTEM
144 Tower Drive
Burr Ridge, IL 60521
(800) 323-4840
(800) 382-3371 (CA only)

Unit of issue: pad (there are 500 strips per pad)

GSA contract number: GS-02F-48169
Product Number: TRL-2N