

DAPA ADMIN SCREENING FORM

Servicemember name: _____

Social Security Number: _____

ADMINISTRATIVE SCREENING CHECKLIST		
Action	Date completed	Comments
Member identified		
Notify C.O. (if required)		
Collect medical/service record		
Page 9/10 delivered to member's supervisor		
Supervisor input returned		
DAAR submitted (within 30 days)		
Member appointment scheduled (member and supervisor notified)		
Member interview conducted		
C.O. notified of DAPA recommendations (if required)		
MTF appointment scheduled		
Member/supervisor notified of appointment and MTF requirements (uniform etc.)		
Admin screening form/records delivered to MTF		
Recommendations/diagnosis received from MTF		
C.O. notified of diagnosis		
Member notified on treatment program requirements		
Final DAAR submitted (upon member's completion of formal treatment)		
Continuing Care (Aftercare) Plan received (after member completes treatment)		
Initial Aftercare meeting held; member notified of Aftercare requirements		
Aftercare Exit interview completed		
<i>This checklist is only a guide. DAPAs must liaise with local MTF on specific requirements for the area.</i>		

DAPA ADMIN SCREENING FORM

Servicemember name _____

**Drug and Alcohol Program Advisor Administrative Screening Form
NAVPERS 5350/3 (4/00)**

The information provided below will assist in determining the servicemember's need for intervention/treatment. A copy of this form must be forwarded to the MTF based on local MTF regulations. Attach additional sheets of paper, if needed, to ensure thoroughness of information.

Date administrative screening form completed: _____

Servicemember's name: Last _____

First _____

Middle initial _____

Rate/rank: _____ Sex: F ___ M ___

Birth date: _____ Age: _____

Command/UIC: _____

Command address: _____

Division/work center: _____ Phone number: _____

Supervisor name: _____ Phone number: _____

How was the DAPA made aware of the servicemember's possible problem?

Self-referral _____ Date member self-referred _____

Command-referral _____ Date command referral received _____

Incident referral _____ Date incident occurred _____

Substance involved? Alcohol _____ Illicit drug _____

If yes for illicit drug, what drug(s) is/are involved? _____

Was a Blood Alcohol Concentration (BAC) test conducted? _____ Results _____

DAPA name _____ **phone number** _____

NAVPERS 5350/3 (4/00)

DAPA ADMIN SCREENING FORM

Servicemember name _____

Was a urinalysis test conducted? _____ If yes, date conducted _____
(DAPA must maintain copy of positive urinalysis result while forwarding copy of results to MTF).

Describe, in detail, incident or facts of referral. (Attach additional paper if needed)

Active duty service date _____ Delayed entry program _____

Time in service _____ EAOS _____

Date reported this command _____ PRD _____

Pre-service waiver? Y ___ N ___ If yes, provide details of waiver _____

Single ___ Married ___ Separated ___ Divorced ___

Next of kin listed in service record _____

Additional comments: _____

Highest grade completed: _____ Dates of high school: _____

GED: ___ If yes, date awarded: _____

Evidence of college? Yes / No Completion of degree: Yes / No Date completed _____

Date of most recent advancement/promotion: _____

DAPA name _____ **phone number** _____

DAPA ADMIN SCREENING FORM

Servicemember name _____

Date of reduction in paygrade: _____ From what paygrade: _____

Provide details of reduction in paygrade: _____

Previous duty station:

Location: _____ Reported: _____ Detached: _____

Evidence of previous drug or alcohol treatment? Yes___ No___

If yes, provide details: _____

History of disciplinary action:

Evidence of NJP or Captains Mast? If yes, provide details. _____

Courts Memoranda: If yes, provide details. _____

Evidence of civil arrests: If yes, provide details. _____

Unauthorized absences: If yes, provide details. _____

Additional comments on disciplinary history: _____

DAPA name _____ **phone number** _____

DAPA ADMIN SCREENING FORM

Servicemember name _____

Enlisted evaluations (Officer Fitness Reports are not maintained in service record):

Past two (2) evaluations:

Command: _____ **Date:** _____ **Type:** _____

Professional knowledge: _____ Professional expertise: _____
(E1-E6) (E7-O6)

Personal Job Accomplishment/ Initiative: _____ Mission Accomplishment/
Initiative: _____
(E1-E6) (E7-O6)

Military Bearing/Character: _____ Leadership: _____
(E1-E6) (E7-O6)

Individual Trait Average: _____
(E1-O6)

Alcohol or drug related entries? Yes / No If yes, provide details. _____

Command: _____ **Date:** _____ **Type:** _____

Professional knowledge: _____ Professional expertise: _____
(E1-E6) (E7-O6)

Personal Job Accomplishment/ Initiative: _____ Mission Accomplishment/
Initiative: _____
(E1-E6) (E7-O6)

Military Bearing/Character: _____ Leadership: _____
(E1-E6) (E7-O6)

Individual Trait Average: _____
(E1-O6)

Alcohol or drug related entries? Yes / No If yes, provide details. _____

DAPA name _____ **phone number** _____

DAPA ADMIN SCREENING FORM

Servicemember name _____

Drug and Alcohol Education:

Evidence of attendance at (list all that apply):

NASAP	Yes	No	NADSAP	Yes	No
PREVENT	Yes	No	PREVENT	Yes	No
ADAMS for Supervisors	Yes	No	ADAMS (Managers)	Yes	No
AWARE	Yes	No	Other training (GMT etc)	Yes	No

If yes to any course, provide details including date, location and if member attended due to alcohol related incident. _____

=====

Security Clearance:

Downgraded ____ Removed ____ Access denied ____ Special handling ____

If any of these, describe circumstances: _____

=====

Is DD Form 1966 located in service record? Yes / No

List prior civilian employment including dates of employment: _____

Pre-service arrests/charges/court actions/convictions (provide dates and description of circumstances): _____

Additional information found on DD Form 1966: _____

DAPA name _____ **phone number** _____

DAPA ADMIN SCREENING FORM

Servicemember name _____

Medical Record Review:

1. Has servicemember been treated for any injuries/accidents/fights that could be alcohol related? If yes, describe event and provide dates. _____

2. Has servicemember been tested by medical for a BAC? If yes, provide details of reason including dates and outcome. _____

3. Does the record show a pattern of:

Stomach ailments	Yes	No
Dizziness/loss of memory	Yes	No
Frequent minor illnesses or injuries	Yes	No
Repeated prescriptions written for sedatives, painkillers, diet pills, etc.	Yes	No

If yes, provide details: _____

4. Does the record show any previous visits or referrals to:

Psychologist/psychiatrist/fleet mental health	Yes	No
Family Advocacy	Yes	No
Navy Alcohol Rehabilitation Center/Department (ARC/ARD)	Yes	No
Substance Abuse Rehabilitation Department (SARD)	Yes	No
Counseling and Assistance Center (CAAC)	Yes	No
Family Service Center Counselor (or equivalent)	Yes	No

If yes, provide date, reason and facility: _____

Additional comments: _____

DAPA name _____ **phone number** _____

DAPA ADMIN SCREENING FORM

Servicemember name _____

Supervisor Input Form:

To: _____
(Supervisor name/work center/division)

Subj: ADMINISTRATIVE SCREENING IRT _____

(Servicemember rate/rank, name, work center/division)

1. Subject servicemember is being administratively screened. Your input is extremely important in helping the commanding officer and medical treatment facility staff in making the appropriate recommendation and diagnosis of a possible alcohol or drug problem.

2. How long have you supervised this member? _____

3. Please place a check next to the word in each category that best describes the servicemember in the past 12 months:

a. Military performance:

Superior _____ Adequate _____ Improving _____

Excellent _____ Substandard _____ Declining _____

b. Work performance:

Superior _____ Adequate _____ Improving _____

Excellent _____ Substandard _____ Declining _____

c. Uniform/military appearance:

Superior _____ Adequate _____ Improving _____

Excellent _____ Substandard _____ Declining _____

d. Relationships with peers and superiors:

Superior _____ Adequate _____ Improving _____

Excellent _____ Substandard _____ Declining _____

Please provide additional comments about the above markings: _____

DAPA name _____ **phone number** _____

DAPA ADMIN SCREENING FORM

Servicemember name _____

- e. Has remedial counseling been conducted in the past 12 months? Yes No
- f. Has servicemember received NJP or other disciplinary action during the previous 12 months? Yes No
- g. Are you aware of any civil actions or referrals for family or financial counseling that have occurred in the previous 12 months? Yes No
- h. Are you aware of any previous/additional alcohol or drug problems? Yes No
- i. Does this member have a history of Monday or Friday absences, sick call visits or tardiness to work? Yes No
- j. Is this member the first to arrive or the last to leave? Yes No
- k. Does this member take unusually long lunch breaks on a routine basis? Yes No

If you marked *Yes* for *e, f, g, h, i* or *j* please explain in detail. _____

- 4. If you had a choice would you want this servicemember to continue working for you? Yes No

Provide details on why or why Not. _____

5. Please complete and return this form No later than _____ ,
(date required)
to _____ , located in _____ .
(DAPA's name) (Room/bldg/compartiment number)

If using internal mail, please place in sealed envelope. If you have any questions, I can be reached at _____ .
(Telephone)

(DAPA signature/date)

(Supervisor signature and date)

DAPA name _____ **phone number** _____