ARMY SUBSTANCE ABUSE PROGRAM (ASAP) ENROLLMENT For use of this form, see AR 40-66; the proponent agency is the OTSG							
The person named below is being referred to the ASAP for a comprehensive assessment to determine whether or not the individual meets the criteria for enrollment.							
1. Name <i>(Last, First, MI).</i>	2. Rank/Grade.	3. SSN.	4. DOB (YYYYMMDD)	5. Yrs Act/Fed Svc.			
6. Is Servicemember/Employee expected to depart installation within 90 days?	7. Is Servicement on flying status?	ber/Employee	8. Is Servicemember/Employee involved in Personnel Reliability Program?				
YES NO	YES	NO	YES	ΝΟ			
9. Type of Referral: Biochemical Investigation/Apprehension	(Type Drug) Medical	Self Other	Command	_ Supervisor			
10. Record of Civilian Arrests/Convictions, Courts Martial, Company Punishments, and Disciplinary Problems, including those Pending: <i>(Specific dates and offenses)</i>							
11. Performance: <i>(Give specifics of</i> Performance/ Efficiency: Behavioral/ Conduct:	Excellent Excellent		_ Fair Unsati _ Fair Unsati	sfactory sfactory			
12. Reasons for Referral: <i>(Check ap</i> a. Physical Signs b.	o <i>propriate spaces)</i> . Personality Chang	aes	c. Other Behaviora	I Indicators			
Flushed Face			Decreased Quality of Work				
Nervousness	Increased Def	ensiveness	Sporadic Work				
Red or Bleary Eyes	Red or Bleary EyesIncreased Use of Excuses		Mood Changes after Lunch				
Hand Tremors		Co-workers or	Drinking Before Lunch				
SubordinatesHangovers on the Job			Drinking During the Day				
Minor Illnesses			Drinking Aft	er Lunch			
Minor Injuries			Drinking Du	ing Duty			
Unexcused Absences			Longer Lunc	h Hours			
Other			Absenteeisn	1			
d. Debeuievel ebennes nooded f			Improper Us	e of Drugs			
d. Behavioral changes needed for soldier/employee to become effective/functioning in until:			Unusual Excuses for Absences				
			associates	f Supervisor or			
13. PATIENT IDENTIFICATION (For or medical facility):	typed or written e	ntries give: Nam	ne - last, first, middle; g	arade; date; hospital			

14. C	Other Problems:	Financial	Marriage/Family _	Medical	Other	(specify)			
	s soldier/employe Community Menta		helping agencies?	Chaplain	Other _				
16. Commander's/Supervisor's Recommendation:									
-	No further action needed at this time.								
-	Soldier/employee needs alcohol and/or drug education.								
I suspect soldier/employee has an alcohol and/or other drug problem.									
Other <i>(specify).</i>									
17. lı	mmediate Supervi	sor's Name.		18. Date (Y	YYYMMDD)	19. Phone.			
20. 0	Commander's/Sup	ervisor's Signat	ure.	21. Date (Y	YYYMMDD)	22. Phone.			
	Note: Bo	sults of rehabi	litation team meetin	ias must also be	recorded	on SE 600			
*T0:			FROM:		DATE: ()				
<ol> <li>Per your basic memorandum and agreements made during rehabilitation team meeting on , the following actions have been taken by the Army Substance Abuse Program (ASAP) in an effort to assist referred soldier/employee with his/her problem(s):</li> <li>Returned to duty, no further action required.</li> <li>Placed on extended evaluation (30/60 days).</li> </ol>									
-		rug education		Time		BIdg#:			
-		-				BIdg#:			
2 If									
<ol> <li>If you have any questions, please call the following counselor:</li> <li>at:</li> </ol>									
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* Note for Federal Employees: To be completed <b>ONLY</b> with written consent of employee.									