

FOR OFFICIAL USE ONLY

CDAR REFERRAL AND FOLLOW UP

This form is required to be submitted to MLCLANT or MLC PAC (SAPR) on all members referred to unit CDAR!

Member's name: _____ Employee ID #: _____
 LAST FIRST MI

Unit: _____ Date Interview: _____

Incident Situation Command Referral Self-Referral

Rank/Pay Grade: _____ Rotation Date: _____ EOAS: _____ Age: _____

Substance of use or abuse:

Alcohol THC Cocaine Steroid Tobacco Prescription Drugs Other _____

Other behavior (specify) _____

Please give brief description of events that led to member's referral:

If recommended, what type of education or treatment is member being referred to? _____ Location: _____	<h4>Education</h4> <input type="checkbox"/> Impact <input type="checkbox"/> Prevent <input type="checkbox"/> Local Prevention <input type="checkbox"/> Other _____	<h4>Treatment</h4> <input type="checkbox"/> Pre-treatment <input type="checkbox"/> Outpatient <input type="checkbox"/> Intensive Outpatient <input type="checkbox"/> Inpatient/Residential
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If this is a follow-up report, please indicate case's disposition:

<input type="checkbox"/> Screened, no other referrals required. <input type="checkbox"/> Referred for additional assistance. <input type="checkbox"/> Attended Outpatient Treatment. <input type="checkbox"/> Attended Inpatient Treatment. <input type="checkbox"/> Aftercare Report (Initial/3mon/6mon/9mon)	<input type="checkbox"/> Successfully completed aftercare. <input type="checkbox"/> Relapsed/Retained on after care. <input type="checkbox"/> Relapsed/Discharged. <input type="checkbox"/> Transferred to _____ <input type="checkbox"/> Regular Discharge/Retirement.
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Remarks:

	DATE		DATE
CDAR SIGNATURE		CO/OINC SIGNATURE	

PRIVACY ACT STATEMENT

AUTHORITY: 5 U.S.C. 301, 7901; 14 U.S.C. 632; 42 U.S.C. 4541; DHS/CG SORN 043

PURPOSE: To ensure completion of treatment for active duty members who have been released from initial substance abuse rehabilitation treatment and to provide statistical data.

ROUTINE USES: Information from referral and follow up may only be used to ensure completion of substance abuse rehabilitation treatment, aftercare and to provide statistical information within Coast Guard Maintenance and Logistics Commands, DOD and Coast Guard military treatment facilities, TRICARE facilities and within the military substance abuse prevention departments.

DISCLOSURE: Voluntary, however, failure to provide information will result in failure to complete required treatment and will subsequently result in discharge from the service.