

<p align="center">DYFS Form 11-46, Adult Substance Abuse Assessment Referral Form 8-22-2007</p>

Double click here to view the DYFS Form 11-46, Adult Substance Abuse Assessment Referral Form.

WHEN TO USE IT

This form is used to refer a DYFS adult client, parent or caregiver of a DYFS-supervised child, for a complete substance use or abuse assessment to determine:

- If the client has a substance use or abuse problem
- The level of severity of the substance use or abuse problem
- The level of care required to appropriately treat the substance use or abuse problem

HOW TO USE IT

- Access it through the NJ Spirit Desktop > Create Case Work > Forms.
- Only complete this template outside of the NJ Spirit application as part of a contingency plan when the application is unavailable. However, you are still required to create the form in NJ Spirit when the application becomes available.
- Part I of this form is completed electronically by the Worker. Part II is completed electronically by the Worker in consultation with his or her Supervisor. The form is then printed and manually approved by the Worker and Supervisor.
- The Supervisor forwards the form to the Gatekeeper/Liaison or Resource Development Specialist in the Local Office who reviews and adjusts the Priority Level, if needed, and completes Part III. He or she then signs the printed copy of the form and forwards it to the in-house Substance Abuse Specialist/CADC, the community-based substance use or abuse assessor or substance abuse treatment provider.
- The CADC, community-based assessor, or treatment provider signs the form upon receipt, processes the request for services, and sends a signed copy to the DYFS Worker.

TIPS FOR COMPLETING THE FORM

- The Substance Abuse Specialist/CADC or the Resource Development Specialist located in your Local Office and your Supervisor can help you complete this form. Failure to provide sufficient information delays the assessment.

- In Part I:
 - In the "Date Referred" field, enter the date the form was manually approved and sent to the in-house Substance Abuse Specialist/CADC, the community-based substance use or abuse assessor or substance abuse treatment provider. (Required)
 - "In-Home/Out-of-Home" check boxes refer to the child's placement status at the time of this referral.
 - In the "Types of Substance(s)...Duration of Use" text field, list the amount of time (i.e., months, years) the referred person says he or she has been using the substances. If duration of use differs, list each substance separately. Use the National Institute on Drug Abuse (NIDA) chart which is part of this form to identify substances.
 - The questions regarding out-of-home placement, the ASFA discussion and potential date of TPR must be answered or the referral will be returned for completion. In your responses, enter the day, month, and year. ASFA guidelines and state regulations require the initiation of termination of parental rights (TPR) proceedings for parents of children who have been in out-of-home placement for 15 of the last 22 months with specific exceptions. If no child is in placement, enter "Not Applicable" for the ASFA and TPR discussions. See N.J.S.A. 30:4C-15(f), II A 1302.4c., and II M 303 and 303.3 for policy.
- In Part II:
 - The "Priority Level for Referral" sets the time frames for assessment. Priority #1 is the most imperative.
 - Give a detailed explanation of each criteria used to determine Priority #1.
- Medical evidence: note if the report is from a hospital or doctor; report of a baby born addicted; drug overdose; accident or injury due to drug use or abuse, etc.
- Admission: enter the date the client admitted to using or abusing substances. Give details of the circumstances.
- Statements to professional(s) from the child(ren): identify the professional (e.g., counselor, teacher, etc.).
- Personal observation: give details of the observations which lead you (the Worker) to believe the parent or caregiver is using or abusing substance(s).

- Other: give the name of any other source (agency or person) and relationship to user/abuser (local police, neighbor, etc.), if known, and any relevant details.
 - For Priority #2, use the SDM tools to help determine the risk of harm and to guide decision-making about reunification planning. See II A 2000 for policy and forms.
 - If the alleged substance use or abuse has a negative impact, but it does not rise to the level of child abuse or neglect, and the parent is willing to accept services voluntarily or the projected date of termination of parental rights is not within 6 months, select Priority #3 and indicate the type of case.
 - List any reports attached (e.g., past substance abuse treatment report, psychological or psychiatric report).
- Part III is completed by the Gatekeeper/Liaison or Resource Development Specialist in the Local Office.
- In Part IV, "Signatures," print the form and approve it with manual signatures.

DISTRIBUTION

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| Original | - | In-house Substance Abuse Specialist/CADC or community-base substance use or abuse assessment or treatment provider (with signatures) |
| Copy | - | DYFS case record |
| Electronic copy | - | NJ SPIRIT Electronic Case Record, Forms icon (without signatures) |