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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Service must be documented in a note to claim, this form is not for claiming** | | | | | | | | | | | | | | | | | | | |
| **Service #: SUD Brief Engagement Form** | | | | | | | | | | | | | | | | | | | |
| Client: |  | | | | | |  | | | | |  | | | | | |
|  | InSyst # | | | | | | Last Name | | | | | First Name | | | | | |
| Location: | | | |  | | | | | | | | Episode Opening Date: | | | |  | | |
| Agency: | | |  | | | | | | | | | | | RU: | |  | | | |
| Services were provided in: | | | | | |  | | | | | by  interpreter or  clinician | | | | | | | |
|  | | | | | | |  | | | |  | | | | | | | |
| **Brief Engagement & Assessment Review** | | | | | | | | | | | | | | | | | | | | |
| **Directions:** The Brief ASAM-Level of Care (A-LOC) engagement questions are designed to ensure placement into the appropriate A-LOC. If or when it is determined a different level of care may be needed the client should receive a more through A-LOC Re-Assessment. At a minimum, the Brief A-LOC should be administered every 45-50 days and/or if there is concern regarding the placement. | | | | | | | | | | | | | | | | | | | | |
| Date of Birth: | | | | | |  | | | | | Client’s Phone Number: | | | | |  | | |  | |
| Program: | | | | | |  | | | | | Modality: | | | | |  | | |  | |
|  | | | | | |  | | | | |  | | | | |  | | | | |
| **For the next month, would you find it most helpful to (choose one):**   1. Stay in the same level of treatment intensity 2. Move to a more intensive level of treatment 3. Move to a less intense level of treatment | | | | | | | | | | | | | | | | | | | | |
| **Do you believe you need more time in this treatment program?**  Yes  No | | | | | | | | | | | | | | | | | | | | |
| If yes, how long? | | | | | | | | | | | Why? | | | | | | | | | |
| **Do you have an outside support system in place?**  Yes  No | | | | | | | | | | | | | | | | | | | | |
| If yes, what? | | | | | | | | | | | Where? | | | | | | | | | |
| **Have you identified your relapse triggers?**  Yes  No | | | | | | | | | | | | | | | | | | | | |
| If yes, what are they? | | | | | | | | | | | | | | | | | | | | |
| **Do you have an employment opportunity?**  Yes  No | | | | | | | | | | | | | | | | | | | | |
| If yes, when? | | | | | | | | | | | Where? | | | | | | | | | |
| **Do you have a safe place to live?**  Yes  No | | | | | | | | | | | | | | | | | | | | |
| If yes, where? | | | | | | | | | | | With who? | | | | | | | | | |
| **Do you have transportation?**  Yes  No | | | | | | | | | | | | | | | | | | | | |
| If yes, how? | | | | | | | | | | | | | | | | | | | | |
| **Does the counselor need to schedule an individual counseling session with the client?**  Yes  No | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | |  | | | | | | | |  | | |
| LPHA/Counselor Signature | | | | | | | | | | Printed Name/Credentials | | | | | | | | Date | | |