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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 |