

## DAPA ADMIN SCREENING FORM

Servicemember name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

<b>ADMINISTRATIVE SCREENING CHECKLIST</b>		
<b>Action</b>	<b>Date completed</b>	<b>Comments</b>
Member identified		
Notify C.O. (if required)		
Collect service record		
Page 9/10 delivered to member's supervisor		
Supervisor input returned		
DAAR submitted (within 30 days)		
Member appointment scheduled (member and supervisor notified)		
Member interview conducted		
C.O. notified of DAPA recommendations (if required)		
MTF appointment scheduled		
Member/supervisor notified of appointment and MTF requirements (uniform etc.)		
Admin screening form/records delivered to MTF		
Recommendations/diagnosis received from MTF		
C.O. notified of diagnosis		
Member notified on treatment program requirements		
Final DAAR submitted (upon member's completion of formal treatment)		
Continuing Care (Aftercare) Plan received (after member completes treatment)		
Initial Aftercare meeting held; member notified of Aftercare requirements		
Aftercare Exit interview completed		
<b><i>This checklist is only a guide. DAPAs must liaise with local MTF on specific requirements for the area.</i></b>		

**DAPA ADMIN SCREENING FORM**

**Servicemember name:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

**Drug and Alcohol Program Advisor Administrative Screening Form  
NAVPERS 5350/3 (4/00)**

The information provided below will assist in determining the servicemember's need for intervention/treatment. A copy of this form must be forwarded to the MTF based on local MTF regulations. Attach additional sheets of paper, if needed, to ensure thoroughness of information.

Date administrative screening form completed: \_\_\_\_\_

Servicemember's name: Last \_\_\_\_\_

First \_\_\_\_\_

Middle initial \_\_\_\_\_

Rate/rank: \_\_\_\_\_ Sex: F \_\_\_ M \_\_\_

Birth date: \_\_\_\_\_ Age: \_\_\_\_\_

Command/UIC: \_\_\_\_\_

Command address: \_\_\_\_\_

Division/work center: \_\_\_\_\_ Phone number: \_\_\_\_\_

Supervisor name: \_\_\_\_\_ Phone number: \_\_\_\_\_

How was the DAPA made aware of the servicemember's possible problem?

Self-referral \_\_\_\_\_ Date member self-referred \_\_\_\_\_

Command-referral \_\_\_\_\_ Date command referral received \_\_\_\_\_

Incident referral \_\_\_\_\_ Date incident occurred \_\_\_\_\_

Substance involved? Alcohol \_\_\_\_\_ Illicit drug \_\_\_\_\_

If yes for illicit drug, what drug(s) is/are involved? \_\_\_\_\_



Date of most recent advancement/promotion: \_\_\_\_\_  
Date of reduction in paygrade: \_\_\_\_\_ From what paygrade: \_\_\_\_\_

Provide details of reduction in paygrade: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Previous duty station:

Location: \_\_\_\_\_ Reported: \_\_\_\_\_ Detached: \_\_\_\_\_

Evidence of previous drug or alcohol treatment? Yes \_\_\_ No \_\_\_

If yes, provide details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**History of disciplinary action:**

Evidence of NJP or Captains Mast? If yes, provide details. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Courts Memoranda: If yes, provide details. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Evidence of civil arrests: If yes, provide details. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Unauthorized absences: If yes, provide details. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional comments on disciplinary history: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DAPA name** \_\_\_\_\_ **phone number** \_\_\_\_\_

**Enlisted evaluations** (Officer Fitness Reports are not maintained in service record):

Past two (2) evaluations:

**Command:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Type:** \_\_\_\_\_

Professional knowledge: \_\_\_\_\_ Professional expertise: \_\_\_\_\_  
(E1-E6) (E7-O6)

Personal Job Accomplishment/ Initiative: \_\_\_\_\_ Mission Accomplishment/ Initiative: \_\_\_\_\_  
(E1-E6) (E7-O6)

Military Bearing/Character: \_\_\_\_\_ Leadership: \_\_\_\_\_  
(E1-E6) (E7-O6)

Individual Trait Average: \_\_\_\_\_  
(E1-O6)

Alcohol or drug related entries? Yes / No If yes, provide details. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Command:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Type:** \_\_\_\_\_

Professional knowledge: \_\_\_\_\_ Professional expertise: \_\_\_\_\_  
(E1-E6) (E7-O6)

Personal Job Accomplishment/ Initiative: \_\_\_\_\_ Mission Accomplishment/ Initiative: \_\_\_\_\_  
(E1-E6) (E7-O6)

Military Bearing/Character: \_\_\_\_\_ Leadership: \_\_\_\_\_  
(E1-E6) (E7-O6)

Individual Trait Average: \_\_\_\_\_  
(E1-O6)

Alcohol or drug related entries? Yes / No If yes, provide details. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DAPA name** \_\_\_\_\_ **phone number** \_\_\_\_\_

**Drug and Alcohol Education:**

Evidence of attendance at (list all that apply):

NASAP	Yes	No	NADSAP	Yes	No
PREVENT	Yes	No	PREVENT	Yes	No
ADAMS for Supervisors	Yes	No	ADAMS (Managers)	Yes	No
AWARE	Yes	No	Other training (GMT etc)	Yes	No

If yes to any course, provide details including date, location and if member attended due to alcohol related incident. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Security Clearance:**

Downgraded \_\_\_\_    Removed \_\_\_\_    Access denied \_\_\_\_    Special handling \_\_\_\_

If any of these, describe circumstances: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Is DD Form 1966 located in service record? Yes / No**

List prior civilian employment including dates of employment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Pre-service arrests/charges/court actions/convictions (provide dates and description of circumstances): \_\_\_\_\_  
\_\_\_\_\_

Additional information found on DD Form 1966: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Does the record show any previous visits or referrals to:

**DAPA name** \_\_\_\_\_ **phone number** \_\_\_\_\_



**DAPA ADMIN SCREENING FORM**

**Servicemember name:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

**Supervisor Input Form:**

To: \_\_\_\_\_  
(Supervisor name/work center/division)

Subj: ADMINISTRATIVE SCREENING IRT \_\_\_\_\_  
\_\_\_\_\_  
(Servicemember rate/rank, name, work center/division)

1. Subject servicemember is being administratively screened. Your input is extremely important in helping the commanding officer and medical treatment facility staff in making the appropriate recommendation and diagnosis of a possible alcohol or drug problem.

2. How long have you supervised this member? \_\_\_\_\_

3. Please place a check next to the word in each category that best describes the servicemember in the past 12 months:

a. Military performance:

Superior _____	Adequate _____	Improving _____
Excellent _____	Substandard _____	Declining _____

b. Work performance:

Superior _____	Adequate _____	Improving _____
Excellent _____	Substandard _____	Declining _____

c. Uniform/military appearance:

Superior _____	Adequate _____	Improving _____
Excellent _____	Substandard _____	Declining _____

d. Relationships with peers and superiors:

Superior _____	Adequate _____	Improving _____
Excellent _____	Substandard _____	Declining _____

Please provide additional comments about the above markings: \_\_\_\_\_  
\_\_\_\_\_

**DAPA name** \_\_\_\_\_ **phone number** \_\_\_\_\_

