DCFS ALCOHOL - MANUAL DRUG TESTING REFERRAL

This referral form does not enroll client in the random program						
☐ ALCOHOL ONLY ☐ DRUGS AND ALCOHOL						
1. CLIENT INFORMATION Note: Information requested in sections 1., 2., 3 and 5., is ABSOLUTELY MANDATORY						
Client/Donor Last Name		First Name Don				
DCFS Case # (7 digits) *** Hotline referral # (19 digits)	Case Nam	ne				
Name of Oldest Minor in the case:						
IS THE DONOR A DIABETIC? (Diabet	es might alter the alcohol	test results) Y	/ES NO			
Is donor taking medication? Indicate the names of the medications						
Yes No						
2. COLLECTION SITE INFORMATION (If out of County, put NA and the vendor will look for a location)						
Name of Collection Site			Hours of Operation			
Street			City		Zip Code	
3. CSW INFORMATION Last Name First Name			CSW File No.		Phone Number	
Last Hamb	T ilot Haillo		OOW THO NO.		T Hone Hamber	
SCSW Last Name	First Name	First Name		er	Fax Number	
DCFS Office Name and Address						
4. SPECIAL INSTRUCTIONS FOR	R DRUG TESTING (i.e.	MAKE-UP TES	T. MINOR PAI	RENT. ETC.)		
Special Instructions/Specialized Schedule:			If Make-Up Test, list date client was originally scheduled to test:			
Supervisor's signature (Mandatory):		Court-Ordere	Court-Ordered: YES Attach Court Order			
,		NO □Pre-approval by the Program				
5. DATE FOR TESTING			Manager is required (see policy)			
Date client is to test:						
Date client is to test.						

INSTRUCTIONS TO CSW: Complete all information legibly. This referral is used to refer a client to Phamatech for alcohol or drug testing.

^{***} Court Number will not be accepted. Writing in the Court number will not allow CSWs to receive test results. The Hotline referral number is used only if the State Number is not available.