



Referral Form

INSTRUCTIONS FOR THE UNIT COMMANDER

- **Please complete this form electronically and use MM/DD/YYYY for all dates.**
- Complete the form below with the SM requesting an assessment.
- E-mail this completed form to the SAP Team at ng.la.laarng.mbx.j1-sap-referrals@mail.mil.
- Direct the Soldier to call a PC within seven (7) days to coordinate an appointment with a provider.
- Ensure that the Soldier has been provided a copy of this form, the SAP list of providers, and the Soldier Handout.

Alcohol and Drug Control Officer:

Jeremy Jeanfreau - 504-278-8089

Prevention Coordinators:

Nina Perez - 504-278-8415

Mathew Weber - 504-278-8133

SEND FORM HERE: ng.la.laarng.mbx.j1-sap-referrals@mail.mil

Soldier's Data

Counsel Date
MM/DD/YYYY

UIC

DRU

Soldier's Name

Rank

DOB MM/DD/YYYY

Last Four SSN

Phone

DoD ID

Email

Soldier's Current
Residence (City/ST)

Is this a Self Referral?

Yes
No

Is this a Command
Referral?

Yes
No

Is this a Positive
Drug Screen?

Yes
No

Date of Drug Screen

Substance(s) Identified

If self/command referral or positive drug screen, identify substance(s) above.

Previous Positive(s)

Yes No

If Previous
positive(s), provide
dates and substances
detected

Does the Soldier have any other problems or needs? (Check all that apply)

Finances

Transportation

Marriage/Family Support

Child Care

Health Care

Education

Housing

Mental Health

Employment

Other:

Unit Readiness NCO/Commander Information

Unit Readiness NCO

Phone (office)

Phone (mobile)

E-mail

Unit Commander

Phone (office)

Phone (mobile)

E-mail

Commander's Intent (Retain or Separate)

SAP OFFICE USE ONLY

SAP State ID #

Provider Selected:

*****Forms that are not fully completed will be returned to the unit for completion, and will delay the delivery of services to the Soldier.**

PLEASE ENSURE YOU SEND FORM HERE: ng.la.laarng.mbx.j1-sap-referrals@mail.mil