

Alcohol and Drug Abuse Prevention and Treatment Commander Referral Form

Background Information	
Unit/Organization:	Referred Member Rank/Name:
Special Duty Status:	Commander Rank/Name:
First Sergeant Rank/Name:	Supervisor Rank/Name:

Incident/Misconduct Information	
Date of Incident (If Applicable):	Type of Misconduct (Select One):
Description of Incident/Misconduct and/or Reason for Referral (e.g., BAC/breathalyzer results, reports from law enforcement, observations by unit members):	

Collateral Information from the Supervisor	
1. Have you seen changes in the member's behavior that have raised concern?	Yes (describe) No
2. Do you think the member is struggling with alcohol or other drugs?	Yes (describe) No
3. Are you aware of any stressors that may be impacting the member?	Yes (describe) No
4. Do you have any more information you would like to share?	Yes (describe) No

Next Steps for the Command Team

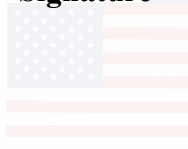
1. Email the completed form to the ADAPT Program Manager (David.a.ellison17.mil@health.mil), NCOIC (kimberly.j.atkinson.mil@health.mil), and organizational email box (usaf.incirlik.39-mdg.mbx.mental-health@health.mil).

Note: Commanders must refer members within 7 duty days of a substance-related incident.

2. ADAPT will coordinate directly with the First Sergeant for scheduling. Note: Assessments must be completed within 7 duty days of receipt of the referral.
3. Once the assessment is scheduled, inform the member of the reason for this ADAPT referral and direct them to attend the assessment in uniform.
4. Per DAFI 44-121, the assessment should be prioritized over leave, TDY, or other obligations. If an unavoidable schedule conflict occurs, notify us as soon as possible to re-schedule.
5. The command team will be notified via phone of the assessment results on the same day of the assessment along with recommended next steps.

Signature of Referring Commander and/or First Sergeant

Signature



Date

