

DAPA ADMIN SCREENING FORM

Servicemember Name: _____

Supporting Directive OPNAVINST 5350-4D

ADMINISTRATIVE SCREENING CHECKLIST

Action	Date Completed	Comments
Member identified		
Notify C.O. (if required)		
Collect service record		
Page 9 -10 delivered to member's supervisor		
Supervisor input returned		
Initial DAAR submitted within 30 days (Reservists 90 days)		
Member appointment scheduled (member and supervisor notified)		
Member interview conducted		
C.O. notified (if required) of DAPA recommendations		
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		

This checklist is only a guide. DAPAs must liaise with local MTF on specific requirements for the area.

DAPA ADMIN SCREENING FORM

Servicemember Name _____

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

Information provided below will assist the DAPA, commanding officer, and medical treatment facility (MTF) staff 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.

Date administrative screening form completed: _____

Servicemember Name (Last, First, MI)

Rate/Rank: _____ Sex: F M

Birth date: _____ Age: _____

Command/UIC: _____

Command Address: _____

Division/work center: _____ Phone number: _____

Supervisor name: _____ Phone number: _____

2. 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 _____

What substance is involved? Alcohol Yes No Illicit drug Yes No

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

Was the member arrested for DUI/DWI? _____

How many DUI/DWIs has the member incurred during career? _____

Was a Blood Alcohol Content (BAC) test conducted? Yes No Results _____

DAPA Name

Phone Number

DAPA ADMIN SCREENING FORM

Servicemember Name _____

3. Was a urinalysis test conducted? Yes No If yes, date conducted _____
(DAPA must maintain copy of positive urinalysis results while forwarding copy of results to MTF). Describe, in detail, incident or facts of referral. (Attach additional paper if needed).

4. Is member currently under orders? Yes No

What Command is member going to? _____

5. Active duty service date _____ Delayed entry program _____

Time in service _____ EAOS _____

Date reported this command _____ PRD _____

Pre-service waiver? Yes No If yes, provide details of waiver.

6. Single Married Separated Divorced

Next of kin listed in service record _____

Additional comments:

7. Highest grade completed: _____ Dates of high school: _____

GED: Yes No If yes, date awarded: _____

Evidence of college? Yes No Completion of degree: Yes No

Date completed _____

Date of most recent advancement/promotion: _____

DAPA Name

Phone Number

DAPA ADMIN SCREENING FORM

Servicemember Name _____

8. Date of reduction in paygrade: _____ From what paygrade: _____

Provide details of reduction in paygrade:



9. Previous duty station: _____

Location: _____ Reported: _____ Detached: _____

Evidence of previous drug or alcohol treatment? Yes No

If yes, provide details:



10. 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

DAPA ADMIN SCREENING FORM

Servicemember Name _____

11. Enlisted Evaluations (Officer Fitness Reports are not maintained in service record)

Past Two (2) Evaluations:

Command: _____ Date: _____ Type: _____

Professional Knowledge: _____ Professional Expertise: _____
(E1-E6) (01-06)

Personal Job Accomplishment /Initiative: _____ Mission Accomplishment/
(E1-E6) Initiative: _____
(01-06)

Military Bearing/Character: _____ Leadership: _____
(E1-E6) (01-06)

Individual Trait Average: _____
(E1-06)

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

Command: _____ Date: _____ Type: _____

Professional Knowledge: _____ Professional Expertise: _____
(E1-E6) (01-06)

Personal Job Accomplishment /Initiative: _____ Mission Accomplishment/
(E1-E6) Initiative: _____
(01-06)

Military Bearing/Character: _____ Leadership: _____
(E1-E6) (01-06)

Individual Trait Average: _____
(E1-06)

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

DAPA Name

Phone Number

DAPA ADMIN SCREENING FORM

Servicemember Name _____

12. Enlisted Evaluations (Officer Fitness Reports are not maintained in service record)

Past Two (2) Evaluations:

Command: _____ Date: _____ Type: _____

Institutional & Technical Expertise: _____
(E7-E9)

Character: _____
(E7-E9)

Deck Plate Leadership: _____
(E7-E9)

Individual Trait Average: _____
(E1-06)

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

Command: _____ Date: _____ Type: _____

Institutional & Technical Expertise: _____
(E7-E9)

Character: _____
(E7-E9)

Deck Plate Leadership: _____
(E7-E9)

Individual Trait Average: _____
(E1-06)

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

DAPA Name

Phone Number

DAPA ADMIN SCREENING FORM

Servicemember Name _____

13. Drug and Alcohol Education

Evidence of attendance at:

NASAP Yes No

NADSAP Yes No

PREVENT Yes No

PREVENT 2000 Yes No

ADAMS (Supervisor) Yes No

ADAMS (Manager) 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.



14. Security Clearance:

downgraded removed access denied special handling

If any of these, describe circumstances:



15. Is DD-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-1966:

DAPA Name

Phone Number

DAPA ADMIN SCREENING FORM

Servicemember Name _____

16. Summary of review:

Commanding Officer comments (if so desired):

DAPA Name

Phone Number

DAPA ADMIN SCREENING FORM

Servicemember Name _____

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. Please be as honest and complete in the answers as possible.

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	<input type="checkbox"/>	Adequate	<input type="checkbox"/>	Improving	<input type="checkbox"/>
Excellent	<input type="checkbox"/>	Substandard	<input type="checkbox"/>	Declining	<input type="checkbox"/>

b. Work performance:

Superior	<input type="checkbox"/>	Adequate	<input type="checkbox"/>	Improving	<input type="checkbox"/>
Excellent	<input type="checkbox"/>	Substandard	<input type="checkbox"/>	Declining	<input type="checkbox"/>

c. Uniform/military appearance:

Superior	<input type="checkbox"/>	Adequate	<input type="checkbox"/>	Improving	<input type="checkbox"/>
Excellent	<input type="checkbox"/>	Substandard	<input type="checkbox"/>	Declining	<input type="checkbox"/>

d. Relationships with peers and superiors:

Superior	<input type="checkbox"/>	Adequate	<input type="checkbox"/>	Improving	<input type="checkbox"/>
Excellent	<input type="checkbox"/>	Substandard	<input type="checkbox"/>	Declining	<input type="checkbox"/>

Please provide additional comments about the above markings:

DAPA Name

Phone Number

DAPA ADMIN SCREENING FORM

Servicemember Name _____

e. Has remedial counseling been conducted in the past 12 months? Yes No

f. Has servicemember received NJP or other disciplinary action during the previous 12 months Yes No

g. Are you aware of any civil actions or referrals for family or financial counseling that have occurred in the previous 12 months? Yes No

h. Are you aware of any previous/additional alcohol or drug problems? Yes No

i. Does this member have a history of Monday or Friday absences, sick call visits or tardiness to work? Yes No

j. Is this member the first to arrive or the last to leave? Yes No

k. Does this member take unusually long lunch breaks on a routine basis? Yes No

If you marked yes for e, f, g, h, i or j please explain in detail.

4. If you had a choice would you want this servicemember to continue working for you? Yes No

Provide details on why or why not.

5. Please complete and return this form no later than _____
(date required)

to _____, located in _____
(DAPA's name) (Room/bldg/compartement number)

If using internal mail, please place in sealed envelope. If you have any questions, I can be reached at _____.
(Telephone)

(DAPA Signature) (Date)

(Supervisor Signature) (Date)

DAPA Name

Phone Number