



*Treating people right*

## Substance Abuse Education/Treatment Referral Form

Client's Name: \_\_\_\_\_ SAP Name: \_\_\_\_\_

As an individual who has been referred for Substance Abuse Professional services, you are required, under Federal law, to complete assigned education or treatment programs prior to your release to return to "Safety-Sensitive" work. Your Substance Abuse Professional has assigned the following Education/Treatment for you to complete:

Treatment and/or Education to be completed:

1. \_\_\_\_\_

Providers of this service:

a. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

b. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

c. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

2. \_\_\_\_\_

Providers of this service:

a. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

b. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

c. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

3. \_\_\_\_\_

Providers of this service:

a. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

b. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

c. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**SAP: Please give this form to the client at the first interview, retain a copy and send a copy to HBA with a copy of the initial assessment letter. Thank you.**

Date: \_\_\_\_\_ Client Signature: \_\_\_\_\_

[www.callhba.com](http://www.callhba.com)

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