**CHRONIC CARE MANAGEMENT PLAN**

**SUBSTANCE USE DISORDER**

**[To be completed by a licensed mental health provider, physician, or other licensed health provider.]**

Please provide the following information on the applicant’s self-disclosed diagnosis of a substance use disorder. The information provided will be used to assist Job Corps staff in determining the applicant’s health care needs and ability to successfully participate and benefit from the Job Corps program.

All information released will be handled in the strictest confidence and forwarded to the appropriate licensed health and wellness staff for evaluation and review. A copy of your patient’s authorization to release the requested information is enclosed.

1. Classification of Substance Use Disorders

[ ]  Alcohol Related Disorders [ ]  Opioid Related Disorders

[ ]  Cannabis Related Disorders [ ]  Stimulant Related Disorders

[ ]  Hallucinogen Related Disorders [ ]  Sedative Hypnotic and Anxiolytic Related Disorders

[ ]  Inhalant Related Disorders

[ ]  Other Disorders, please list:

Severity

 [ ]  Mild—few if any, symptoms and they are well manageable

[ ]  Moderate—a number of symptoms, increased intensity of symptoms, and that create functional impairment rated between mild and severe

[ ]  Severe—intense symptoms with marked interference in social, emotional, and occupational functioning

 [ ]  In early remission

 [ ]  In sustained remission

 [ ]  On maintenance therapy

1. Date of diagnosis: Age of onset:
2. What are current symptoms?

1. List **current** (within the past 6 months) substance-use behaviors.

1. List current medications and/or treatment, including dosage and frequency.

1. Has applicant been compliant with treatment? If no, explain.

1. List past hospitalizations, including dates, reason for admission and discharge plans related to the disclosed diagnosis.

1. What is the current treatment status?
2. What is the applicant’s prognosis with treatment and/or medication?

9a.What is the applicant’s prognosis **without** treatment and/or medication?

1. When was last appointment?
2. Will applicant need to continue treatment under your care? If yes, please list date and/or frequency of follow-up appointments.

1. If applicable – In your opinion, will the applicant be able to self-manage their medications unsupervised and participate in a non-mental health residential vocational training program? If no, explain.
2. In your opinion, will the applicant be appropriate to reside in a dormitory style residence with minimal supervision? If no, please explain.

1. Are there any restrictions or limitations related to this specific illness?

1. List any environmental features which might trigger worsening symptoms.

1. Does this applicant demonstrate any challenging behaviors? If yes, please describe.
2. What accommodations, if any, do you believe are necessary for this applicant to participate in a vocational training program?

**PLEASE READ:** Job Corps is a residential career and academic training program where students at most centers live in non-mental health dormitory-style residences with considerable periods of unsupervised time after 3:30 pm and free weekends. Students are expected to have independent living skills and not demonstrate behaviors that can impede the learning of others. Minimal, short-term mental health services are available on center. Most centers do not have full-time mental health professionals.

In your professional opinion, are the applicant’s symptoms and behaviors sufficiently well-managed and are expected to remain stable enough to participate in the Job Corps program with limited supervision after the training day and on weekends? [ ]  Yes[ ]  No Please explain.

**Please sign below and return the form in the attached addressed envelope.**

###### Print Name and Title of Licensed Health Provider Signature

###### Phone Date

For any questions, please call:

 Admission Counselor/Health and Wellness Staff Phone