

SUBSTANCE ABUSE CONTROL OFFICER (SACO) REFERRAL INFORMATION

The information below assists the SACO, commander and Substance Abuse Counseling Center (SACC) staff in determining the need for treatment. Attach additional paper, if needed.

Date : _____	
Marine's name : _____ (Last, First, MI)	
Rank : _____	Sex : <input type="checkbox"/> M <input type="checkbox"/> F Date : _____ Age : _____
Command/Unit: _____	
Command Address: _____	
Section: _____	Phone number: _____
Supervisor's name: _____	Phone number: _____

How was the SACO made aware of the possible problem? _____	
If applicable, date of self-referral: _____	If command-referral, date received: _____
Date and type of incident, if occurred: _____	
What substance(s) was/were involved? <input type="checkbox"/> Alcohol <input type="checkbox"/> Illicit drugs	
What illicit drug(s) was/were involved? _____	
Was a Blood Alcohol Level test conducted? <input type="checkbox"/> Yes <input type="checkbox"/> No	What were the results? _____
Was a urinalysis conducted? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, date conducted : _____ What was the result? _____
(SACO must maintain a copy of the positive result while forwarding a copy to the SACC) .	
Describe incident or facts of referral.	

FOUO - Privacy Sensitive when filled in.

Active duty service date: _____ Time in service: _____ EAS: _____

Date reported this command: _____ RTD: _____ Previous duty station: _____

Marital Status: ☐ S ☐ M ☐ D ☐ Sep

Next of kin listed in service record: _____

Date of most recent promotion: _____ Date of reduction in pay grade: _____

Provide details:

Pre-Marine Corps arrests/charges/court actions/convictions? _____
Describe circumstances:

NJP or Court Martial? _____
If yes, provide details.

Civil arrests? _____
If yes, provide details.

Unauthorized absences? _____
If yes, provide details.

Security Clearance/PRP/Flight Status: _____
Describe circumstances:

Previous Alcohol and Drug Education?

☐

Yes

☐

No

If yes, provide details including type, date, and location and if Marine attended due to related incident.

Previous alcohol and drug treatment?

Substance Abuse Rehabilitation Program

☐

Yes

☐

No

Substance Abuse Counseling Center

☐

Yes

☐

No

Other formal treatment service

☐

Yes

☐

No

If yes, provide details :

Summary of review :

Commander's comments (if desired) :

PRIVACY ACT STATEMENT

In accordance with the Privacy Act of 1974 (Public Law 93-579), this notice informs you of the purpose for collection of information on this form. Please read it before completing the form.

AUTHORITY: 10 U.S.C. 5013, Secretary of the Navy; 10 U.S.C. 5041, Headquarters, Marine Corps; and E.O. 9397 (SSN).

PRINCIPAL PURPOSE: Information collected by this form will be used to provide a basis for assessing your use of alcohol and drugs and to provide therapeutic assistance as required. The information will become part of your alcohol and drug treatment record. The information collected on this form will be filed within a Privacy Act Systems of Records collection governed by Privacy Act System of Records Notice MMN00019 which can be downloaded at <http://privacy.defense.gov/notices/usmc/MMN00019.shtml>.

RETENTION AND SAFEGUARDS: The collected information will be maintained in paper case files in locking file cabinets with restricted, limited access by authorized personnel who are properly screened, cleared, and trained. Records in this file system will only be retrieved by name and social security number. Level I, II, and II alcoholism treatment case files and Level I and II drug abuse treatment case files are cut off and destroyed 5 years after the end of the calendar year the case is closed.

ROUTINE USES: To various officials outside the Department of Defense specifically identified as a Routine Use in Privacy Act System of Records Notice MMN00019 for the stated specific purpose in addition to those set out in the blanket routine uses established by the Department of Defense Privacy Office and posted at <http://www.defenselink.mil/privacy/notices/blanket-uses.html>.

DISCLOSURE: Providing information on this form is voluntary. If the individual does not complete necessary data fields, treatment may be negatively impacted.