

	<b>Agency Name</b>	Office of Family Support (OFS)
	<b>Chapter No./Name</b>	04 – Family Assistance Manual (FAM)
	<b>Part No./Name</b>	Y. 6000 Drug Testing Forms and Forms Instructions
	<b>Section No./Name</b>	Y-6000 Drug Testing Forms and Forms Instructions
	<b>Document No./Name</b>	DT 003 Notice of Appointment for Assessment
	<b>Effective Date</b>	October 1, 2015

CURRENT VERSION OF FORM: \* 10/15 REPLACING: 03/11 Issue Obsolete \*\*

STOCKED: Copy as Needed/On-line Policy Management System

UNIT OF ISSUE: N/A (8 1/2" X 11", front only)

➤ PURPOSE

Use to notify a FITAP recipient being referred to the Office of Behavioral Health (OBH) of the appointment date and time for a formal drug assessment.

➤ PREPARATION

Prepare in triplicate.

Complete all items.

➤ DISPOSITION

Give the original to the client. Mail a copy to the OBH facility where the recipient's appointment has been scheduled with the screening form ([DAST-20](#)), the referral form ([DT 2](#)), the consent form \* ([DCFS 35](#) and/or [DCFS 35-H](#)), \*\* and a photograph of the recipient. Scan a copy in OnBase and document all activities in case notes.