

**DAPA ADMIN SCREENING FORM**

Servicemember Name: \_\_\_\_\_

Supporting Directive OPNAVINST 5350-4C

**ADMINISTRATIVE SCREENING CHECKLIST**

<b>Action</b>	<b>Date Completed</b>	<b>Comments</b>
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

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**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:

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9. Previous duty station: \_\_\_\_\_

Location: \_\_\_\_\_ Reported: \_\_\_\_\_ Detached: \_\_\_\_\_

Evidence of previous drug or alcohol treatment?  Yes  No

If yes, provide details:

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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

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**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.

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14. Security Clearance:

downgraded  removed  access denied  special handling

If any of these, describe circumstances:

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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

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**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

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**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

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