

Applicant Name _____
(Last, First, Middle Initial)

Date of Birth ____/____/____ Application Case ID: _____
(Mo/Day/Year)

Form Name
OMB No.:
Expiration Date:

ALCOHOL/SUBSTANCE ABUSE CURRENT EVALUATION FORM (CONFIDENTIAL)

The individual listed below has applied to be a Peace Corps Volunteer and has reported a history of alcohol or substance abuse.

Note to the Health Care Professional: Please be candid when answering the questions below. During Peace Corps service, a Volunteer may be placed in a site that requires flexibility to adapt to unpredictable housing conditions, extremes in climate and unreliable transportation and to exhibit a heightened awareness for personal safety and increased attention to safe food and drinking water. There may also be limited access to Western-trained mental health professionals, addiction counselors, and medical care. Regular Alcoholics Anonymous (AA) or Narcotics Anonymous (NA) meetings and resources are likely not be available. The most accurate representation of this condition is critical for the Peace Corps to make appropriate decisions for placement of the Volunteer. **Please answer all questions or the form will be considered incomplete and returned to the applicant.**

Privacy Act Notice

This information is collected under the authority of the Peace Corps Act, 22 U.S.C. 2501 et seq. It will be used primarily for the purpose of determining your eligibility for Peace Corps service and, if you are invited to serve as a Peace Corps Volunteer, for the purpose of providing you with medical care during your Peace Corps service. Your disclosure of this information is voluntary; however, your failure to provide this information will result in the rejection of your application to become a Peace Corps Volunteer.

This information may be used for the purposes described in the Privacy Act, 5 USC 552a, including the routine uses listed in the Peace Corps' System of Records. Among other uses, this information may be used by those Peace Corps staff members who have a need for such information in the performance of their duties. It may also be disclosed to the Office of Workers' Compensation Programs in the Department of Labor in connection with claims under the Federal Employees' Compensation Act and, when necessary, to a physician, psychiatrist, clinical psychologist or other medical personnel treating you or involved in your treatment or care. A full list of routine uses for this information can be found on the Peace Corps website at <http://multimedia.peacecorps.gov/multimedia/pdf/policies/systemofrecords.pdf>.

Burden Statement:

Public reporting burden for this collection of information is estimated to average 4 hours and 25 minutes per applicant and 3 hours per substance abuse professional per response. This estimate includes the time for reviewing instructions and completing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: FOIA Officer, Peace Corps, 1111 20th Street, NW, Washington, DC 20526, ATTN: PRA (0420 - ####). Do not return the completed form to this address.



Please provide the following information based on reported history of the applicant, as well as *your current assessment*. Please be as detailed as possible and respond to all questions.

Applicant Name: _____

Therapist's Name: _____ Date: _____

Professional Degree: _____ License No.: _____

State: _____ Certified Substance Abuse Counselor Yes No

Address: _____

Tel: _____ Date of evaluation sessions: _____

Have you received alcohol and/or substance abuse reports for this applicant? Yes No

(Where applicable, please have the applicant include information about arrests or other disciplinary actions due to alcohol or drug use.)

Alcohol/Substance Abuse Assessment Tools Administered

N/A None administered

AUDIT tool http://whqlibdoc.who.int/hq/2001/WHO_MSD_MSB_01.6a.pdf

Other (please list): _____

A. Mental Health Diagnoses: (DSM IV Codes)

Mental Health Diagnoses (DSM IV codes)	Date Given	Date Resolved	Status
Axis I:			<input type="checkbox"/> Resolved <input type="checkbox"/> Current
Axis II:			<input type="checkbox"/> Resolved <input type="checkbox"/> Current
Axis III:			<input type="checkbox"/> Resolved <input type="checkbox"/> Current

B. Psychotropic Medication Regimen:

Medication and Dosage: _____

Start Date: _____ End Date: _____ or Current

Response to Medication: _____

Medication and Dosage: _____

Start Date: _____ End Date: _____ or Current

Response to Medication: _____



C. Self Harm Behavior: N/A Never

Check one	Describe	DD/MM/YY	Status
<input type="checkbox"/> Suicide ideation <input type="checkbox"/> Suicide attempt or gesture <input type="checkbox"/> Other self harm behavior	<input type="checkbox"/> Check if alcohol/drugs were involved		<input type="checkbox"/> Resolved <input type="checkbox"/> Current
<input type="checkbox"/> Suicide ideation <input type="checkbox"/> Suicide attempt or gesture <input type="checkbox"/> Other self harm behavior	<input type="checkbox"/> Check if alcohol/drugs were involved		<input type="checkbox"/> Resolved <input type="checkbox"/> Current

D. History of Alcohol/Substance Abuse

* "Yes" Requires Comment		Comments
At what age did the applicant begin drinking?	_____Years	
Was the frequency and extent considered abusive? *Report frequency and extent	<input type="checkbox"/> Yes <input type="checkbox"/> No	
History of blackouts? * Include dates and circumstances	<input type="checkbox"/> Yes <input type="checkbox"/> No	
History of negative social repercussions related to alcohol/drug abuse? *Provide dates and circumstances	<input type="checkbox"/> Yes <input type="checkbox"/> No	
History of physical problems related to alcohol/drug abuse? * Include dates, diagnosis, and treatment	<input type="checkbox"/> Yes <input type="checkbox"/> No	
History of alcohol/substance abuse treatment? *Include dates, circumstances, and treatment	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does applicant rely on AA/NA meetings for sobriety or abstinence? *If yes, what is the longest length of time the applicant has gone without a meeting and what was the result.	<input type="checkbox"/> Yes <input type="checkbox"/> No	



E. Current Clinical Assessment of Alcohol/Substance Use

Current Assessment of Use	Comments
Is the applicant currently sober/abstinent?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, include the length of sobriety/abstinence	_____Months _____Years
What is the applicant's current sobriety plan?	<input type="checkbox"/> NA no plan, individual is not sober and/or still using drugs. <input type="checkbox"/> Describe plan:
Does the applicant rely on AA/NA to maintain sobriety or abstinence? Please comment on the average number of meetings/week, month	<input type="checkbox"/> Yes Attends _____ meetings each _____ <input type="checkbox"/> No
If the above answer is yes, what is the longest time applicant has gone without a meeting and what was the result of that?	
What is the applicant's current alcohol/substance use? Please comment on amount and frequency	<input type="checkbox"/> NA currently sober/abstinent

Current Functional Assessment*	Comments
* Peace Corps service is characterized by isolation, lack of structure, and limited social supports. The ability to access AA/NA is unlikely. Please keep this in mind when answering the questions below.	
What is the applicant's current level of ego strength, emotional stability, and flexibility?	
What are the applicant's current coping strategies to deal with stressful situations?	
What is the applicant's current level of functioning in interpersonal and work relationships?	
What is your evaluation of the applicant's overall level of functioning?	
What is the applicant's plan for sobriety/abstinence while serving in the Peace Corps?	
What is the applicant's risk of alcohol/substance abuse in a stressful overseas environment?	<input type="checkbox"/> High/Likely <input type="checkbox"/> Possible <input type="checkbox"/> Low/Unlikely



F. Clinical Observations (applicant's insight into alcohol/substance use, self care, etc.): _____

G. What specific recommendations for medical care do you have regarding the management for this condition over the next three years? All recommendations will help determine the Volunteer's country placement: _____

Do you have any concerns, due to alcohol or drug/substance abuse, that would prevent this applicant from completing 27 months of Peace Corps service without undue disruption? NOTE: Peace Corps service may be in isolated areas, with limited access to Western-trained health care providers. Please check one box below.

- I have no concerns. This applicant, with regard to alcohol and/or substance abuse, is healthy enough to complete 27 months of uninterrupted Peace Corps service, provided the above recommendations can be accommodated.
- I am unsure that the applicant can complete 27 months of uninterrupted Peace Corps service due to alcohol or substance abuse. I recommend a period of stabilization for this condition and an updated assessment at a future date. (Describe and include the length of time for stabilization):
- I do not believe that this applicant can complete 27 months of Peace Corps service without undue disruption due to alcohol or substance abuse.

I certify this information, in my opinion, is an accurate representation of my current evaluation of alcohol and/or substance abuse for the applicant listed above.

Therapist Signature/Title _____

Therapist Name (Print) _____

Date _____

