



PJ Mercer & Associates, LLC
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Confirmation of SAP Appointment

Please bring the following with you:

1. All information regarding violation.
2. The exact title of your specific safety sensitive position.
3. The name and contact information (phone, e-mail, fax, address) for your Designated Employer Representative (DER)
4. The Custody and Control Form (CCF) or electronic CCF (eCCF). You can ask your employer for a photocopy or scan and email to you.
- 5. All completed paperwork.**
6. Payment in cash or money order, or written confirmation that EAP or employer is paying for this visit.

The SAP process can be lengthy. We need to follow all guidelines carefully.

SAP Checklist for Initial Appointment

- ☐ Our Intake paperwork
- ☐ Title of your safety sensitive position: _____
- ☐ CCF or eCCF
- ☐ DER Contact
- Name: _____
- Phone: _____
- Email: _____
- Address: _____
- _____
- Fax: _____

SAP Client Packet

Client Name:

Date of Birth:

SSN:

Race

☐

African American

☐

Caucasian

☐

Hispanic

☐

Other

Ethnic Preference

Address

City:

State:

Zip:

Home Phone:

Cell Phone:

Email Address:

Emergency Contact Person:

: Relationship

Phone Number:

Company Name:

Company Address:

Designated Employer Representative (DER):

DER Phone:

DER Fax:

DER Email:

Date of violation:

Description of
violation:

List safety sensitive duties:

Michigan Alcohol Screening Test (MAST)

The MAST Test is a simple, scoring test that helps assess if there is a drinking problem.

The test was developed to screen for alcohol problems in the general population. It is effective in identifying dependent drinkers.

Questions on the MAST test relate to the patient's self-appraisal of social, vocational, and family problems frequently associated with heavy drinking.

Please check the answers to the following 22 YES or NO questions:

1. Do you feel you are a normal drinker?
("normal" - drink as much or less than most other people)

Circle Answer: YES ☐ or NO ☐

2. Have you ever awakened the morning after some drinking the night before and found that you could not remember a part of the evening?

Circle Answer: YES ☐ or NO ☐

3. Does any near relative or close friend ever worry or complain about your drinking?

Circle Answer: YES ☐ or NO ☐

4. Can you stop drinking without difficulty after one or two drinks?

Circle Answer: YES ☐ or NO ☐

5. Do you ever feel guilty about your drinking?

Circle Answer: YES ☐ or NO ☐

6. Have you ever attended a meeting of Alcoholics Anonymous (AA)?

Circle Answer: YES ☐ or NO ☐

7. Have you ever gotten into physical fights when drinking?

Circle Answer: YES ☐ or NO ☐

8. Has drinking ever created problems between you and a near relative or close friend?

Circle Answer: YES ☐ or NO ☐

9. Has any family member or close friend gone to anyone for help about your drinking?

Circle Answer: YES ☐ or NO ☐

10. Have you ever lost friends because of your drinking?

Circle Answer: YES ☐ or NO ☐

11. Have you ever gotten into trouble at work because of drinking?

Circle Answer: YES ☐ or NO ☐

12. Have you ever lost a job because of drinking?

Circle Answer: YES ☐ or NO ☐

13. Have you ever neglected your obligations, family, or work for two or more days in a row because you were drinking?

Circle Answer: YES ☐ or NO ☐

14. Do you drink before noon fairly often?

Circle Answer: YES ☐ or NO ☐

15. Have you ever been told you have liver trouble, such as cirrhosis?

Circle Answer: YES ☐ or NO ☐

16. After heavy drinking, have you ever had delirium tremens (DTs), severe shaking, visual or auditory (hearing) hallucinations?

Circle Answer: YES ☐ or NO ☐

17. Have you ever gone to anyone for help with your drinking?

Circle Answer: YES ☐ or NO ☐

18. Have you ever been hospitalized because of drinking?

Circle Answer: YES ☐ or NO ☐

19. Has your drinking ever resulted in your being hospitalized in a psychiatric ward?

Circle Answer: YES ☐ or NO ☐

20. Have you ever gone to any doctor, social worker, clergyman, or mental health clinic for help with any emotional problem in which drinking was part of the problem?

Circle Answer: YES ☐ or NO ☐

21. Have you been arrested more than once for driving under the influence of alcohol?

Circle Answer: YES ☐ or NO ☐

22. Have you ever been arrested, or detained by an official for a few hours, because of other behavior while drinking?

Circle Answer: YES ☐ or NO ☐

Scoring the MAST Test

Score one point if you answered "no" to the following questions: 1 or 4. **Subtotal**

Score one point if you answered "yes" to the following questions: 2, 3, 5 through 22.

Subtotal:

Total Score (add the 2 Subtotals):

A total score of **six or more** indicates hazardous drinking or alcohol dependence and further evaluation by a healthcare professional is recommended.

The Drug Abuse Screening Test (DAST)

Directions: The following questions concern information about your involvement with drugs. Drug abuse refers to (1) the use of prescribed or “over-the-counter” drugs in excess of the directions, and (2) any non-medical use of drugs.

Consider the past year (12 months) and carefully read each statement. Then decide whether your answer is YES or NO and check the appropriate space. Please be sure to answer every question.

	YES	NO
1. Have you used drugs other than those required for medical reasons?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you abused prescription drugs?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you abuse more than one drug at a time?	<input type="checkbox"/>	<input type="checkbox"/>
4. Can you get through the week without using drugs (other than those required for medical reasons)?	<input type="checkbox"/>	<input type="checkbox"/>
5. Are you always able to stop using drugs when you want to?	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you abuse drugs continuously?	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you try to limit your drug use to certain situations?	<input type="checkbox"/>	<input type="checkbox"/>
8. Have you had “blackouts” or “flashbacks” as a result of drug use?	<input type="checkbox"/>	<input type="checkbox"/>
9. Do you ever feel bad about your drug abuse?	<input type="checkbox"/>	<input type="checkbox"/>
10. Does your spouse (or parents) ever complain about your involvement with drugs?	<input type="checkbox"/>	<input type="checkbox"/>
11. Do your friends or relatives know or suspect you abuse drugs?	<input type="checkbox"/>	<input type="checkbox"/>
12. Has drug abuse ever created problems between you and your spouse?	<input type="checkbox"/>	<input type="checkbox"/>
13. Has any family member ever sought help for problems related to your drug use?	<input type="checkbox"/>	<input type="checkbox"/>
14. Have you ever lost friends because of your use of drugs?	<input type="checkbox"/>	<input type="checkbox"/>

	YES	NO
15. Have you ever neglected your family or missed work because of your use of drugs?	<input type="checkbox"/>	<input type="checkbox"/>
16. Have you ever been in trouble at work because of drug abuse?	<input type="checkbox"/>	<input type="checkbox"/>
17. Have you ever lost a job because of drug abuse?	<input type="checkbox"/>	<input type="checkbox"/>
18. Have you gotten into fights when under the influence of drugs?	<input type="checkbox"/>	<input type="checkbox"/>
19. Have you ever been arrested because of unusual behavior while under the influence of drugs?	<input type="checkbox"/>	<input type="checkbox"/>
20. Have you ever been arrested for driving while under the influence of drugs?	<input type="checkbox"/>	<input type="checkbox"/>
21. Have you engaged in illegal activities in order to obtain drugs?	<input type="checkbox"/>	<input type="checkbox"/>
22. Have you ever been arrested for possession of illegal drugs?	<input type="checkbox"/>	<input type="checkbox"/>
23. Have you ever experienced withdrawal symptoms as a result of heavy drug intake?	<input type="checkbox"/>	<input type="checkbox"/>
24. Have you had medical problems as a result of your drug use (e.g., memory loss, hepatitis, convulsions, bleeding, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
25. Have you ever gone to anyone for help for a drug problem?	<input type="checkbox"/>	<input type="checkbox"/>
26. Have you ever been in a hospital for medical problems related to your drug use?	<input type="checkbox"/>	<input type="checkbox"/>
27. Have you ever been involved in a treatment program specifically related to drug use?	<input type="checkbox"/>	<input type="checkbox"/>
28. Have you been treated as an outpatient for problems related to drug abuse?	<input type="checkbox"/>	<input type="checkbox"/>

Beck's Depression Inventory

This depression inventory can be self-scored. The scoring scale is at the end of the questionnaire.

1. 0 ☐ I do not feel sad.
1 ☐ I feel sad
2 ☐ I am sad all the time and I can't snap out of it.
3 ☐ I am so sad and unhappy that I can't stand it.
2. 0 ☐ I am not particularly discouraged about the future.
1 ☐ I feel discouraged about the future.
2 ☐ I feel I have nothing to look forward to.
3 ☐ I feel the future is hopeless and that things cannot improve.
3. 0 ☐ I do not feel like a failure.
1 ☐ I feel I have failed more than the average person.
2 ☐ As I look back on my life, all I can see is a lot of failures.
3 ☐ I feel I am a complete failure as a person.
4. 0 ☐ I get as much satisfaction out of things as I used to.
1 ☐ I don't enjoy things the way I used to.
2 ☐ I don't get real satisfaction out of anything anymore.
3 ☐ I am dissatisfied or bored with everything.
5. 0 ☐ I don't feel particularly guilty
1 ☐ I feel guilty a good part of the time.
2 ☐ I feel quite guilty most of the time.
3 ☐ I feel guilty all the time.
6. 0 ☐ I don't feel I am being punished.
1 ☐ I feel I may be punished.
2 ☐ I expect to be punished.
3 ☐ I feel I am being punished.
7. 0 ☐ I don't feel disappointed in myself.
1 ☐ I am disappointed in myself.
2 ☐ I am disgusted with myself.
3 ☐ I hate myself.
8. 0 ☐ I don't feel I am any worse than anybody else.
1 ☐ I am critical of myself for my weaknesses or mistakes.
2 ☐ I blame myself all the time for my faults.
3 ☐ I blame myself for everything bad that happens.

9. 0 ☐ I don't have any thoughts of killing myself.
1 ☐ I have thoughts of killing myself, but I would not carry them out.
2 ☐ I would like to kill myself.
3 ☐ I would kill myself if I had the chance.
10. 0 ☐ I don't cry any more than usual.
1 ☐ I cry more now than I used to.
2 ☐ I cry all the time now.
3 ☐ I used to be able to cry, but now I can't cry even though I want to.
11. 0 ☐ I am no more irritated by things than I ever was.
1 ☐ I am slightly more irritated now than usual.
2 ☐ I am quite annoyed or irritated a good deal of the time.
3 ☐ I feel irritated all the time.
12. 0 ☐ I have not lost interest in other people.
1 ☐ I am less interested in other people than I used to be.
2 ☐ I have lost most of my interest in other people.
3 ☐ I have lost all of my interest in other people.
13. 0 ☐ I make decisions about as well as I ever could.
1 ☐ I put off making decisions more than I used to.
2 ☐ I have greater difficulty in making decisions more than I used to.
3 ☐ I can't make decisions at all anymore.
14. 0 ☐ I don't feel that I look any worse than I used to.
1 ☐ I am worried that I am looking old or unattractive.
2 ☐ I feel there are permanent changes in my appearance that make me look unattractive
3 ☐ I believe that I look ugly.
15. 0 ☐ I can work as well as before.
1 ☐ It takes an extra effort to get started at doing something.
2 ☐ I have to push myself very hard to do anything.
3 ☐ I can't do any work at all.
16. 0 ☐ I can sleep as well as usual.
1 ☐ I don't sleep as well as I used to.
2 ☐ I wake up 1-2 hours earlier than usual and find it hard to get back to sleep.
3 ☐ I wake up several hours earlier than I used to and cannot get back to sleep.

17.

- 0 ☐ I don't get more tired than usual.
- 1 ☐ I get tired more easily than I used to.
- 2 ☐ I get tired from doing almost anything.
- 3 ☐ I am too tired to do anything.

18.

- 0 ☐ My appetite is no worse than usual.
- 1 ☐ My appetite is not as good as it used to be.
- 2 ☐ My appetite is much worse now.
- 3 ☐ I have no appetite at all anymore.

19.

- 0 ☐ I haven't lost much weight, if any, lately.
- 1 ☐ I have lost more than five pounds.
- 2 ☐ I have lost more than ten pounds.
- 3 ☐ I have lost more than fifteen pounds.

20.

- 0 ☐ I am no more worried about my health than usual.
- 1 ☐ I am worried about physical problems like aches, pains, upset stomach, or constipation.
- 2 ☐ I am very worried about physical problems and it's hard to think of much else.
- 3 ☐ I am so worried about my physical problems that I cannot think of anything else.

INTERPRETING THE BECK DEPRESSION INVENTORY

Now that you have completed the questionnaire, add up the score for each of the twenty-one questions by counting the number to the right of each question you marked. The highest possible total for the whole test would be sixty-three.

This would mean you circled number three on all twenty-one questions. Since the lowest possible score for each question is zero, the lowest possible score for the test would be zero. This would mean you circles zero on each question.

You can evaluate your depression according to the Table below.

Enter Total Score Here:

Levels of Depression:

1-10_____ These ups and downs are considered normal

11-16_____ Mild mood disturbance

17-20_____ Borderline clinical depression

21-30_____ Moderate depression

31-40_____ Severe depression

over 40_____ Extreme depression

**A PERSISTENT SCORE OF 17 OR ABOVE INDICATES
THAT YOU MAY NEED MEDICAL TREATMENT**



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Statement of Understanding
FOR THE RELEASE AND EXCHANGE OF INFORMATION

I, acknowledge that Priscilla Jones-Mercer
(Name of Employee) (Name of SAP)

and the entities named below must disclose to each other and receive from each other pertinent and relevant information regarding:

1. Violation of DOT regulation
2. Drug and/or alcohol test results
3. Summary of the treatment plan
4. Evaluation and treatment recommendations
5. Treatment progress reports, including attendance and test results
6. Program completion information, including discharge summary
7. Other relevant information as it pertains to return-to-duty process

EAP	<input type="text"/>	<input type="text"/>	<input type="text"/>
	(Name)	(Employee's Signature)	(Date)
Treatment Program	<input type="text"/>	<input type="text"/>	<input type="text"/>
	(Name)	(Employee's Signature)	(Date)
DER	<input type="text"/>	<input type="text"/>	<input type="text"/>
	(Name)	(Employee's Signature)	(Date)
MRO	<input type="text"/>	<input type="text"/>	<input type="text"/>
	(Name)	(Employee's Signature)	(Date)
Other	<input type="text"/>	<input type="text"/>	<input type="text"/>
	(Name)	(Employee's Signature)	(Date)

The Purpose of the exchange of this information is to comply with DOT requirements that must be met before I make take a Return to Duty drug and/or alcohol test, prior to being considered by my employer for returning to the performance of safety-sensitive functions under DOT regulations.

I understand that communication between service agents/entities is required under U.S. Department of Transportation rules and regulations and is permitted without my authorization. In addition, the regulations permit the SAP to send required reports to my employer, without my authorization. However, in order for the SAP to provide reports to employers other than my current employer, including future employers, the SAP must obtain my written authorization.

I understand that my written consent will be obtained prior to disclosing information to any entity other than those listed herein.

Client Signature

Date



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Consent for the Release of Confidential Information

(Enter name of Organization)

By signing below, I authorize PJ Mercer & Associates, LLC (SAP) to release any portion of my client record to the person or organization I have written above; I further authorize PJ Mercer & Associates, LLC (SAP) to obtain information from the person or organization above.

Signed by:

Signature of Client

Print Client's Name

Date

This authorization will be valid for one year unless I otherwise specify. I have the right to revoke this authorization in writing except to the extent that the practice has acted in reliance upon this authorization. When my information is used or disclosed pursuant to this authorization, it may be subject to re-disclosure by the recipient and may no longer be protected by the federal HIPPA Privacy Rule.