



CARL ALBERT STATE COLLEGE

State Assessment Services

Substance Abuse/Mental Health Provider Referral Form

Date: _____

Client Name: _____ Case Number: _____

Name of Provider Referred to: _____

Reason for Referral:

Yes No

_____ _____ **RAP (Random Answering Pattern)** – Elevated RAP indicates SASSI results may not be meaningful or are invalid.

_____ _____ **High Probability** – Scale score meets the criteria for classifying client as having a high probability of having a substance use disorder.

_____ _____ **Defensiveness** – SASSI profile indicates client approached the assessment situation with a significant defensive manner.

CASC Assessment Specialist: _____