

Lancaster County Drug and Alcohol Commission
Request for Service Placement Approval

Legal Status: <input type="checkbox"/> None <input type="checkbox"/> Drug Court <input type="checkbox"/> Probation/Parole <input type="checkbox"/> Waiting for Court <input type="checkbox"/> Prison <input type="checkbox"/> Other	Employment Status: <input type="checkbox"/> Unemployed <input type="checkbox"/> Part-time <input type="checkbox"/> Full-time <input type="checkbox"/> Retired <input type="checkbox"/> Disabled <input type="checkbox"/> Other	MA Status: <input type="checkbox"/> Active <input type="checkbox"/> Pending <input type="checkbox"/> Terminated <input type="checkbox"/> Ineligible
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Other Coverage: <input type="checkbox"/> Medicare <input type="checkbox"/> Private Insurance <input type="checkbox"/> Other	Insurance Info (If Applicable): Company: _____ Phone: _____ Policy Holder: _____ Policy#: _____
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Substance Being Used	Age of First Use	Frequency of Use	Route of Administration
1)			
2)			
3)			

ADDITIONAL COMMENTS (*If requesting Rehab COD Enhanced, MUST explain):

Facility Requesting Services: _____

Name of Referring Staff: _____

Phone Number: _____

DDAP#: _____

Date: _____