Canadian County Children's Justice Center Drug Screening Program Urine / Oral Fluid Screening / Breathalyzer Screening Referral Form

Client Name:			
Client SS #:	Clier	nt DOB:	
Frequency	Duration		
Person referring C	lient for Services:		
Referring Agency	/ Department:		
Referring Agency	Case #:		
Client Parents / Gu	uardian (If Under 18):		
Services Requeste	d:		
Urine Screen	FreeBreathalyzer Free	e	
Nicotine Tes	${f t}$ (only provided for 18 & under) F1	ree	
ETG \$14.00	_Hair Follicle 5 panel	\$50.00 Hair Follie	cle exp opiate \$65.00
K-2 (free)l	K-2(confirmation \$25.00)	_Bath Salts \$30.00_	Oral Swab \$15.00

The Client is:

- ____A Child who is a resident of Canadian County/Fort Reno Adolescent Center
- ____A Child who attends school in Canadian County
- A Child who is linked to a Child Custody matter in Canadian County
- A Child who is linked to a DHS matter in Canadian County
- _____A Child who is linked to an OJA matter in Canadian County
- ____A Child who is linked to a Probation Office matter in Canadian County
- _____An Out of County Client who is covered by an ODMHSAS/OHCA contract.
- _____An Adult who is linked to a Child Custody matter in Canadian County
- _____An Adult who is linked to a DHS matter in Canadian County
- ____An Adult who is linked to an OJA matter in Canadian County
- An Adult who is linked to a Probation Office matter in Canadian County Any exceptions to the above criteria must be approved by Administration.

Request authorization for release of screening results to:

OJA	Parent/Guardian	Probation Office	DHS/CW		
Court	District Attorney	Family Recovery	CHBS		
Drug Co	urt Team	Fort Reno Recovery	^v Program		
Canadian County Education CenterIndian Child Welfare					
School Official in school where Client is enrolled					
CASA	Youth & Family Service	esSupervised Vis	itation		
Other:					

Signature of Referring Source

Date