

Project SAFE – DCF Request for Additional Drug Testing

Date: _____

CLIENT NAME: _____ DOB: _____ ABH ID#: _____

Project SAFE Provider: _____

Reason for request: _____

How information will be used: _____

Note: There must be a Project SAFE referral for a Drug Screen(s) – Instant made prior to the request for additional drug testing. Project SAFE Referral Line – 1-800-272-0097

Type of Drug Screen Authorized specify substance(s)	# units authorized	Start Date	End Date
Benzodiazepines			
Extended Opiates			
Other (specify)			

AUTHORIZED BY: _____ - DCF SAS or BHPD

Fax a copy of this request to:

Sharron Janowski, Project SAFE Claims Coordinator Fax # 860-638-5302

If you have any questions regarding this request, please contact:

Sharron Janowski, Project SAFE Claims Coordinator Tel. 860-704-6144.