



**SUBSTANCE ABUSE TREATMENT
INFORMATION SHEET**
*Request for Certification by Substance
Abuse Treatment Professional*

**IMPORTANTE
TENGA ESTO TRADUCIDO INMEDIATAMENTE**

Case No:

Name:

SS# :

Section 31-235 of the Connecticut Unemployment Compensation Law provides, in part, that an individual must be able and available for full-time work in order to be eligible for benefits.

For those individuals whose job separations are attributable to alcohol or substance dependency, information pertaining to the individual’s ability to work as well as substantial steps the individual has made towards recovery must be obtained. Individuals with addictions to alcohol or drugs cannot be found able to work if they continue to engage in active drug or alcohol abuse. Benefits are reserved for those who have acknowledged their disease and are making good faith efforts toward recovery.

The information requested on this form regarding the individual’s recovery efforts is essential for making a proper determination of eligibility for benefits. It is the responsibility of the individual to provide this information to the Adjudications Specialist by having the form completed.

In instances where there is more than one person who can provide information regarding the individual’s recovery efforts, the form may be sent to all pertinent parties.

- **This form is to be completed by a Substance Abuse Treatment Professional such as a counselor, therapist, doctor or health professional with whom the individual is seeking treatment when the individual has indicated that he has completed a rehabilitation program or is currently receiving formal treatment.**

The form requests detailed information regarding the type of treatment, frequency and duration. If the individual is in a “day” or “out patient” program, it is necessary to indicate whether the hours of the treatment are flexible and could be changed if necessary to accommodate a job search and subsequent employment. If the individual has completed treatment, it is critical to indicate whether the treatment was successfully completed and to attach a discharge summary, if available. In addition, the health professional must provide details of the individual’s on-going treatment and recommended after-care to show that the individual is engaged in ongoing recovery efforts.

Certification

CLAIMANT NAME : _____ **SSN #:** _____

I hereby authorize the Substance Abuse Treatment Professional to release to the Department of Labor the information requested on this form. The information may be used to determine my eligibility for unemployment compensation benefits.

Signature: _____ **Date:** _____ **Telephone #:** _____

Return to:

Case #:

**REQUEST FOR CERTIFICATION BY
SUBSTANCE ABUSE TREATMENT PROFESSIONAL**

Name of Treatment Facility:

Address:

Type of treatment received:

In patient Out patient How many days a week? Hours per week Schedule to
Date started treatment: Currently in treatment?

Successfully complete treatment? Yes No If Yes, when
(Attach discharge summary or treatment plan, if available.)

If the individual is currently in an out-patient program, are flexible treatment hours available so as to allow for work search and employment? Yes No If yes, in what way could the treatment hours be changed?

On-going rehabilitation the individual is receiving. (Provide details as to the frequency and nature of the individual's recovery efforts e.g. NA, AA, counseling.)

What after-care program and counseling have been recommended? (Include detailed steps the claimant must follow to maintain sobriety and to become gainfully employed, discharge summary or treatment plan, if available.)

In your professional opinion, does the individual have any barriers which would prevent him/her from currently being able and available to work on a full-time basis? Yes No If yes, please explain

Comments regarding the individual's recovery efforts:

**Signature of Substance Abuse
Treatment Professional:** _____

Title: _____

Address: _____

Phone #: _____

Date: _____