

Appendix Q: ARNG Commander's Checklist

APPENDIX Q: COMMANDER CHECKLIST – ARNG SERVICE MEMBER IDENTIFICATION

SOLDIER INFORMATION		UNIT/COMMAND INFORMATION	
SOLDIER NAME:		DATE:	
RANK:		UIC:	
HOME OF RECORD:		ARMORY LOCATION:	
PHONE:		UNIT POC:	
EMAIL:		POC PHONE:	

PLEASE INITIAL AND DATE IN SPACES PROVIDED AFTER EACH STEP IS COMPLETED.

Commander's Initials	Soldier's Initials	CHECKLIST ITEMS
		1. If this is a voluntary or self identification, the commander Soldiers of their rights under the appropriate provisions of the state law pertaining to self-incrimination using the appropriate State Rights Warning Procedure/Waiver Certificate, and explain the Limited Use Policy addressed in section III, chapter 10 of the AR 600-85 regulation.
		2. Commander must refer the soldier to state-certified community-based counseling and rehabilitation programs using a DA Form 4856 (Counseling Statement Form) or another state-approved counseling form. NOTE: This form must be complete for drug testing positives within 45-day of a positive result notification.
		3. The unit commander must provide Soldiers with a list of certified and/or approved counseling/treatment agencies that are within a reasonable commuting distance of the Soldiers' residences. The commander can refer to the service member to the PTO Program for a linkage to treatment resources and monitoring.
		4. Commander advises the Soldier that they must be screened within 30days of the command counseling session.
		5. Commander informs the service member that they are responsible for the cost incurred in any referral/rehabilitation program.
		6. Commander informs the soldier that they must sign a consent statement/release of confidential information that allows the rehabilitation personnel to share the necessary information with the unit commander or designees.
		7. Failure to participate in and successfully complete approved rehabilitation program, or the refusal to sign a DA Form 5018 (Consent Form) to release information to the unit commander, will result in initiation of separation proceedings under AR 135–175 or AR 135–178.
8. SOLDIER'S PRINTED NAME		10. COMMANDER'S PRINTED NAME
9. SOLDIER'S SIGNATURE & DATE		11. COMMANDER'S SIGNATURE & DATE

NOTE TO COMMANDER: If the commander needs assistance with linking soldiers to treatment or other resources, please contact your PTO Prevention Coordinator listed below for assistance. In addition, please forward a copy of this checklist to the JSAP Office, along with the DA Form 4856, and a copy of the consent form.

INSERT PTO PC CONTACT INFORMATION