State of Kansas
Department for Children and Families
Prevention and Protection Services

UNCOPE

Name: ____________________  DOB: ____________________

Date: ____________________  FACTS No: ____________________

Event No: ____________________  Relationship to Child (living/unborn): ____________________

Completed by: ____________________

U
Have you spent more time drinking or using drugs more than you intended to?

☐ Yes  ☐ No  ☐ Collateral

N
Have you ever neglected some of your usual responsibilities because of using alcohol or drugs?

☐ Yes  ☐ No  ☐ Collateral

C
Have you felt you wanted or needed to cut down on your drinking or drug use in the last year?

☐ Yes  ☐ No  ☐ Collateral

O
Has your family, a friend, or anyone else ever told you they objected to your alcohol or drug use?

☐ Yes  ☐ No  ☐ Collateral

P
Have you found yourself thinking a lot about drinking or using drugs? (pre-occupied)

☐ Yes  ☐ No  ☐ Collateral

E
Have you ever used alcohol or drugs to relieve emotional discomfort, such as sadness, anger or boredom?

☐ Yes  ☐ No  ☐ Collateral

Two or more “Yes” responses indicate possible abuse or dependence and the need for further assessment.

A referral was made to: ____________________

Date of referral: ____________________

Kansas
Department for Children and Families
Prevention and Protection Services

Strong Families Make a Strong Kansas

(This form supersedes CFS 2005 REV 7/10)