

UNCOPE Instructions

Name: Write the name of the person for whom the form is being completed.

DOB: Write the date of birth for the person for whom the form is being completed.

Date: Enter the date the form is completed.

FACTS No: Enter the FACTS number for the case that the person you are completing the UNCOPE for is associated with.

Event No: Enter the event number for the current event that you are completing the UNCOPE for.

Relationship to child: Enter the relationship of the person you are completing the UNCOPE for to the child(ren) in the home. This applies to both live and unborn children for a PWS case.

UNCOPE questions: Answer each question with a YES or NO response based on information provided by the subject of the UNCOPE. If information provided by a collateral differs from information provided by the subject, check the collateral box and provide narrative regarding the differences on the 2030E.

Answers that differ with the information provided by the subject of the form should be discussed with the subject. Discussion should include how the collateral information may impact treatment needs.

If the subject of the form scores two or more YES answers, they are in need of further drug and alcohol evaluation and shall be referred. Enter the name of the agency where the person was referred for evaluation and the date the referral was made.