

**STATE OF FLORIDA  
SUBSTANCE ABUSE & MENTAL HEALTH  
SUBSTANCE ABUSE DETOX FORM**

(\* **Mandatory Fields**)

(Reference: Chapter 6C, DCF Pam 155-2)

**Client's Name:**

<b>1. *CONTRACTOR IDENTIFIER:</b> _____ - _____ <small>Federal Tax Identification number ex. 59-1234567.</small>	Page 6C - 4
<b>2. *SITE IDENTIFIER:</b> ____ ____	Page 6C - 4
<b>3. *CLIENT SSN:</b> _____ - _____ - _____ <small>The SSN must be 9 digits without dashes. It cannot start with 000 or 999. If unavailable use Pseudo-social. Instructions in SAMH Pamphlet</small>	Page 6C - 4
<b>4. CLIENT ID:</b> _____	Page 6C - 4
<b>5. *RESIDENT COUNTY:</b> ____ ____	Page 6C - 4
<b>6. *HIGHEST EDUCATION:</b> ____ ____ <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> 00 - No Schooling  <input type="checkbox"/> 01 - Grade 1  <input type="checkbox"/> 02 - Grade 2  <input type="checkbox"/> 03 - Grade 3  <input type="checkbox"/> 04 - Grade 4  <input type="checkbox"/> 05 - Grade 5  <input type="checkbox"/> 06 - Grade 6  <input type="checkbox"/> 07 - Grade 7  <input type="checkbox"/> 08 - Grade 8  <input type="checkbox"/> 24 - Grade 9  <input type="checkbox"/> 25 - Grade 10  <input type="checkbox"/> 26 - Grade 11  <input type="checkbox"/> 27 - Grade 12  <input type="checkbox"/> 28 - High School Graduate, Diploma/GED                 </div> <div style="width: 45%;"> <input type="checkbox"/> 30 - Associate's Degree (AA, AS, etc.)  <input type="checkbox"/> 31 - Bachelor's Degree (BA, BS, AB, etc.)  <input type="checkbox"/> 32 - Master's Degree (MS, MA, MSW, etc.)  <input type="checkbox"/> 33 - Professional Degree (MD, DDS, JD, etc.)  <input type="checkbox"/> 34 - Doctorate Degree (PhD, EDD, etc.)  <input type="checkbox"/> 35 - Special School  <input type="checkbox"/> 36 - Vocational School  <input type="checkbox"/> 37 - College Undergraduate Freshman (1<sup>st</sup> Year)  <input type="checkbox"/> 38 - College Undergraduate Freshman (2<sup>nd</sup> Year)  <input type="checkbox"/> 39 - College Undergraduate Freshman (3<sup>rd</sup> Year)  <input type="checkbox"/> 40 - College Undergraduate Freshman (4<sup>th</sup> Year)  <input type="checkbox"/> 41 - Kindergarten  <input type="checkbox"/> 42 - Nursery School/Preschool/Head Start                 </div> </div>	Page 6C - 4
<b>7. *MARITAL STATUS:</b> ____ <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> 1 - Single  <input type="checkbox"/> 2 - Married  <input type="checkbox"/> 3 - Widowed  <input type="checkbox"/> 4 - Divorced                 </div> <div style="width: 45%;"> <input type="checkbox"/> 5 - Separated  <input type="checkbox"/> 6 - Unreported  <input type="checkbox"/> 7 - Registered Domestic Partner  <input type="checkbox"/> 8 - Legally Separated                 </div> </div>	Page 6C - 4
<b>8. *HEALTH STATUS (HIPAA):</b> ____ <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> 1 - Agitated  <input type="checkbox"/> 2 - Comatose  <input type="checkbox"/> 3 - Disoriented                 </div> <div style="width: 30%;"> <input type="checkbox"/> 4 - Depressed  <input type="checkbox"/> 5 - Forgetful  <input type="checkbox"/> 6 - Lethargic                 </div> <div style="width: 30%;"> <input type="checkbox"/> 7 - Other Mental Condition  <input type="checkbox"/> 8 - Oriented                 </div> </div>	Page 6C - 4
<b>9. *PREGNANCY TRIMESTER:</b> ____ <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> 1 - 1-3 Months  <input type="checkbox"/> 2 - 4-6 Months                 </div> <div style="width: 30%;"> <input type="checkbox"/> 3 - 7-9 Months  <input type="checkbox"/> 4 - Not Pregnant or male                 </div> <div style="width: 30%;"> <input type="checkbox"/> 5 - Unknown                 </div> </div>	Page 6C - 4

<p><b>10. *ADMISSION TYPE:</b> ____</p> <p><input type="checkbox"/> 1 - Voluntary Competent                      <input type="checkbox"/> 3 - Involuntary Competent</p> <p><input type="checkbox"/> 2 - Voluntary Incompetent                      <input type="checkbox"/> 4 - Involuntary Incompetent</p>	Page 6C - 5
<p><b>11. *DRUG COURT ORDERED:</b> ____</p> <p><input type="checkbox"/> 0 – No    <input type="checkbox"/> 1- Yes</p>	Page 6C - 5
<p><b>12. *INVOLVED IN CHILD WELFARE:</b> ____</p> <p><input type="checkbox"/> 0 – No    <input type="checkbox"/> 1 – Yes</p>	Page 6C - 5
<p><b>13. *RESIDENTIAL STATUS:</b> ____ ____</p> <p><input type="checkbox"/> 01 - Independent Living-alone                      <input type="checkbox"/> 10 – State MH Treatment Facility (State Hospital)</p> <p><input type="checkbox"/> 02 - Independent Living-with Relatives                      <input type="checkbox"/> 11 - Nursing Home</p> <p><input type="checkbox"/> 03 - Independent Living –with Non-Relatives                      <input type="checkbox"/> 12 - Supported Housing</p> <p><input type="checkbox"/> 04 - Dependent Living-with Relatives                      <input type="checkbox"/> 13 - Correctional Facility</p> <p><input type="checkbox"/> 05 - Dependent Living-with Non-Relatives                      <input type="checkbox"/> 14 - DJJ Facility</p> <p><input type="checkbox"/> 06 - Assisted Living Facility (ALF)                      <input type="checkbox"/> 15 – Crisis Residence</p> <p><input type="checkbox"/> 07 - Foster Care/Home                      <input type="checkbox"/> 16 – Children Residential Treatment Facility</p> <p><input type="checkbox"/> 08 – Adult Residential Treatment Facility (Group Home)                      <input type="checkbox"/> 17 – Limited Mental Health Licensed ALF</p> <p><input type="checkbox"/> 09 – Homeless                      <input type="checkbox"/> 18 – Other Residential Status</p> <p><input type="checkbox"/> 99 - Not Available or Unknown</p>	Page 6C - 5
<p><b>14. *DEPENDENCY/CRIMINAL STATUS:</b> __ __</p> <p><input type="checkbox"/> 00 – Insufficient Information</p> <p><b>Adjudicated Children:</b></p> <p><input type="checkbox"/> 01 - Delinquent, in physical custody</p> <p><input type="checkbox"/> 02 - Delinquent, not in physical custody</p> <p><input type="checkbox"/> 03 - Dependent, in physical custody</p> <p><input type="checkbox"/> 04 - Dependent, not in physical custody</p> <p><input type="checkbox"/> 05 - Dependent &amp; Delinquent, in physical custody</p> <p><input type="checkbox"/> 06 - Dependent &amp; Delinquent, not in physical custody</p> <p><input type="checkbox"/> 07 - “Children in Need of Services” (CINS), not in physical custody</p> <p><b>Non-Adjudicated Children</b></p> <p><input type="checkbox"/> 08 - Other DCF program status</p> <p><input type="checkbox"/> 09 - Under custody &amp; supervision of family/guardian</p> <p><b>Adults with No Court Jurisdiction:</b></p> <p><input type="checkbox"/> 10 - Competent, no charges</p> <p><input type="checkbox"/> 11 - Civil incompetence of person or property</p> <p><b>Adults with Court Jurisdiction:</b></p> <p><b>Criminal Competent</b></p> <p><input type="checkbox"/> 12 – Incarcerated</p> <p><input type="checkbox"/> 13 - Release pending hearing</p> <p><input type="checkbox"/> 14 - this code is no longer used</p> <p><input type="checkbox"/> 15 - this code is no longer used</p> <p><b>Adults with Court Jurisdiction (Cont.):</b></p> <p><b>Criminal Incompetent:</b></p> <p><input type="checkbox"/> 16 - Release pending hearing ITP</p> <p><input type="checkbox"/> 17 - Involuntarily hospitalized (direct commit)</p> <p><input type="checkbox"/> 18 – Incarcerated</p> <p><input type="checkbox"/> 19 - Involuntarily hospitalized - revocation of conditional release.</p> <p><input type="checkbox"/> 20 - No longer used</p> <p><input type="checkbox"/> 21 - Conditionally released</p> <p><b>Not Guilty by Reason of Insanity (NGI):</b></p> <p><input type="checkbox"/> 22 - Involuntary hospital - direct commit.</p> <p><input type="checkbox"/> 23 - Involuntary hospital – revocation of conditional release.</p> <p><input type="checkbox"/> 24 - Released pending hearing.</p> <p><input type="checkbox"/> 25 - Conditionally released.</p> <p><input type="checkbox"/> 26 - Incarcerated.</p> <p><input type="checkbox"/> 29 - Incompetent to Proceed – Ages 21+</p> <p><b>Juvenile Incompetent to Proceed</b></p> <p><input type="checkbox"/> 27 - Incompetent to Proceed - Ages 0 - 17</p> <p><input type="checkbox"/> 28 - Incompetent to Proceed - Ages 18 - 20</p> <p><input type="checkbox"/> 28 - Incompetent to Proceed – Age 21</p>	Pages 6C – 5

<p><b>*SUBSTANCE PROBLEM</b></p> <p>15. *Primary: __ __</p> <p>16. Secondary: __ __</p> <p>17. Tertiary: __ __</p>	<p>Pages 6C – 5 and 6</p> <p>Drug list in Appendix 5</p>
<p><b>*USUAL ROUTE OF ADMINISTRATION</b></p> <p>18. *Primary: __                      <input type="checkbox"/> 1 – Oral                      <input type="checkbox"/> 4 – Injection</p> <p>19. Secondary: __                    <input type="checkbox"/> 2 – Smoking                <input type="checkbox"/> 5 – Other</p> <p>20. Tertiary: __                      <input type="checkbox"/> 3 – Inhalation</p>	<p>Page 6C - 6</p>
<p><b>*FREQUENCY OF USE (MONTH PRIOR TO EVALUATION)</b></p> <p>21. *Primary: __                      <input type="checkbox"/> 1 - No past month use                      <input type="checkbox"/> 4 - 3 to 6 times per week</p> <p>22. Secondary: __                    <input type="checkbox"/> 2 - 1 to 3 times in past month                <input type="checkbox"/> 5 - Daily</p> <p>23. Tertiary: __                      <input type="checkbox"/> 3 - 1 to 2 times per week</p>	<p>Page 6C - 6</p>
<p><b>*AGE OF FIRST DRUG OR ALCOHOL USE</b></p> <p>24. *Primary: __ __</p> <p>25. Secondary: __ __</p> <p>26. Tertiary: __ __</p>	<p>Page 6C - 7</p>
<p>27. *STAFF ID: _____ - _____</p>	<p>Page 6C - 7</p>
<p>28. *PURPOSE OF EVALUATION: <input type="checkbox"/> 5 – Detoxification</p>	<p>Page 6C - 7</p>
<p>29. *BEGIN DATE: ____ / ____ / _____</p>	<p>Page 6C - 7</p>
<p>30. *End Date: ____ / ____ / _____</p>	<p>Page 6C – 7</p>
<p>31. *Discharge Reason: __ __</p> <p><input type="checkbox"/> 1 - Completed Episode of Care – no substance abuse</p> <p><input type="checkbox"/> 2 - Completed Episode of Care – some substance use (some impairment)</p> <p><input type="checkbox"/> 6 - Non-compliant with agency’s rules</p> <p><input type="checkbox"/> 7 - Left before completing treatment (involuntary)</p> <p><input type="checkbox"/> 8 - Incarcerated</p> <p><input type="checkbox"/> 9 – Died</p> <p><input type="checkbox"/> 10 – Completed Non-TX services (TASC/Interv./Prev.)</p> <p><input type="checkbox"/> 11 – Did not complete Non-TX services (TASC/Interv./Prev.)</p> <p><input type="checkbox"/> 13 - Referred outside of agency – episode of care completed</p> <p><input type="checkbox"/> 14 - Referred outside of agency – episode of care not completed</p> <p><input type="checkbox"/> 15 - Left before completing treatment (voluntary)</p>	<p>Page 6C – 7</p>
<p>32. PROVIDER INFORMATION: _____</p>	<p>Page 6C - 7</p>
<p>33. *ZIP CODE: _____ US Postal Zip code for this client’s residence</p>	<p>Page 6C – 8</p>
<p>34. *PROVIDER ID: _____ - _____</p>	<p>Page 6C - 8</p>

<p><b>35. *REFERRAL:</b> ____ ____</p> <table border="0"> <tr> <td><input type="checkbox"/> 1 - Individual (Self-Referral)</td> <td><input type="checkbox"/> 14 - Other Court Order/Recognized Legal Entity</td> </tr> <tr> <td><input type="checkbox"/> 2 - Substance Abuse Care Provider</td> <td><input type="checkbox"/> 16 - SINS/FINS</td> </tr> <tr> <td><input type="checkbox"/> 3 - Mental Health Care Provider</td> <td><input type="checkbox"/> 17 - Addictions Receiving Facilities</td> </tr> <tr> <td><input type="checkbox"/> 4 - Juvenile Justice (JARF's)</td> <td><input type="checkbox"/> 18 - Outreach Program</td> </tr> <tr> <td><input type="checkbox"/> 5 - County Public Health Unit</td> <td><input type="checkbox"/> 19 - DCF/ADM (no longer used)</td> </tr> <tr> <td><input type="checkbox"/> 6 - School (Education)</td> <td><input type="checkbox"/> 20 - Community Hospital</td> </tr> <tr> <td><input type="checkbox"/> 7 - Employer/Employee Assistance Program</td> <td><input type="checkbox"/> 21 - State Hospital</td> </tr> <tr> <td><input type="checkbox"/> 8 - Other Social Service/Health/Community Ref</td> <td><input type="checkbox"/> 22 - Physician/Doctor</td> </tr> <tr> <td><input type="checkbox"/> 9 - TASC (Assessment Centers)</td> <td><input type="checkbox"/> 23 - Law Enforcement</td> </tr> <tr> <td><input type="checkbox"/> 10 - Probation/Parole/Controlled Release Authority</td> <td><input type="checkbox"/> 24 - Family Safety Foster Care</td> </tr> <tr> <td><input type="checkbox"/> 11 - DUI/DWI</td> <td><input type="checkbox"/> 25 - Family Safety Protective Services</td> </tr> <tr> <td><input type="checkbox"/> 12 - Pretrial</td> <td><input type="checkbox"/> 99 - None of the Above</td> </tr> <tr> <td><input type="checkbox"/> 13 - Prison/Jail</td> <td></td> </tr> </table>	<input type="checkbox"/> 1 - Individual (Self-Referral)	<input type="checkbox"/> 14 - Other Court Order/Recognized Legal Entity	<input type="checkbox"/> 2 - Substance Abuse Care Provider	<input type="checkbox"/> 16 - SINS/FINS	<input type="checkbox"/> 3 - Mental Health Care Provider	<input type="checkbox"/> 17 - Addictions Receiving Facilities	<input type="checkbox"/> 4 - Juvenile Justice (JARF's)	<input type="checkbox"/> 18 - Outreach Program	<input type="checkbox"/> 5 - County Public Health Unit	<input type="checkbox"/> 19 - DCF/ADM (no longer used)	<input type="checkbox"/> 6 - School (Education)	<input type="checkbox"/> 20 - Community Hospital	<input type="checkbox"/> 7 - Employer/Employee Assistance Program	<input type="checkbox"/> 21 - State Hospital	<input type="checkbox"/> 8 - Other Social Service/Health/Community Ref	<input type="checkbox"/> 22 - Physician/Doctor	<input type="checkbox"/> 9 - TASC (Assessment Centers)	<input type="checkbox"/> 23 - Law Enforcement	<input type="checkbox"/> 10 - Probation/Parole/Controlled Release Authority	<input type="checkbox"/> 24 - Family Safety Foster Care	<input type="checkbox"/> 11 - DUI/DWI	<input type="checkbox"/> 25 - Family Safety Protective Services	<input type="checkbox"/> 12 - Pretrial	<input type="checkbox"/> 99 - None of the Above	<input type="checkbox"/> 13 - Prison/Jail		Page 6C - 8
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<p><b>36. SA DIAGONISIS:</b> ____ ____ ____ ____ ____ <b>Must be space filled</b></p>	Page 6C - 8																										
<p><b>37. MH DIAGONISIS:</b> ____ ____ ____ ____ ____ <b>Must be space filled</b></p>	Page 6C - 8																										
<p><b>38. *MARCHMAN ACT:</b> ____</p> <table border="0"> <tr> <td><input type="checkbox"/> 1 - Involuntary Assessment</td> <td><input type="checkbox"/> 3 - Involuntary Assessment and Treatment</td> </tr> <tr> <td><input type="checkbox"/> 2 - Involuntary Treatment</td> <td><input type="checkbox"/> 4 - Not Applicable</td> </tr> </table>	<input type="checkbox"/> 1 - Involuntary Assessment	<input type="checkbox"/> 3 - Involuntary Assessment and Treatment	<input type="checkbox"/> 2 - Involuntary Treatment	<input type="checkbox"/> 4 - Not Applicable	Page 6C - 8																						
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<p><b>39. *MHDIAGNOSIS</b> ____ <input type="checkbox"/> 0 - No <input type="checkbox"/> 1 - Yes</p>	Page 6C - 8																										
<p><b>40. *Veteran status</b> ____ <input type="checkbox"/> 0 - No <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - Unknown</p>	Page 6C - 8																										
<p><b>41. *EMPLOYMENT:</b> ____</p> <table border="0"> <tr> <td><input type="checkbox"/> 10 - Active Military, Overseas</td> <td><input type="checkbox"/> 70 - Terminated/Unemployed</td> </tr> <tr> <td><input type="checkbox"/> 11 - Active Military, USA</td> <td><input type="checkbox"/> 81 - Homemaker (must keep house for 1 or more others)</td> </tr> <tr> <td><input type="checkbox"/> 12 - Full Time</td> <td><input type="checkbox"/> 82 - Student</td> </tr> <tr> <td><input type="checkbox"/> 31 - * Unpaid Family Worker</td> <td><input type="checkbox"/> 83 - Disabled</td> </tr> <tr> <td><input type="checkbox"/> 40 - Part Time</td> <td><input type="checkbox"/> 84 - Criminal Inmate</td> </tr> <tr> <td><input type="checkbox"/> 50 - Leave of Absence</td> <td><input type="checkbox"/> 85 - Inmate Other</td> </tr> <tr> <td><input type="checkbox"/> 60 - Retired</td> <td><input type="checkbox"/> 86 - Not Authorized to Work</td> </tr> </table> <p><b>* Note:</b> Unpaid Family Worker – A family member who works at least 15 hours or more a week without pay in a family-operated enterprise. If an individual refuses to work because they are making money through illegal activities (i.e., drug sales or prostitution) the client should be coded as unemployed '70'.</p>	<input type="checkbox"/> 10 - Active Military, Overseas	<input type="checkbox"/> 70 - Terminated/Unemployed	<input type="checkbox"/> 11 - Active Military, USA	<input type="checkbox"/> 81 - Homemaker (must keep house for 1 or more others)	<input type="checkbox"/> 12 - Full Time	<input type="checkbox"/> 82 - Student	<input type="checkbox"/> 31 - * Unpaid Family Worker	<input type="checkbox"/> 83 - Disabled	<input type="checkbox"/> 40 - Part Time	<input type="checkbox"/> 84 - Criminal Inmate	<input type="checkbox"/> 50 - Leave of Absence	<input type="checkbox"/> 85 - Inmate Other	<input type="checkbox"/> 60 - Retired	<input type="checkbox"/> 86 - Not Authorized to Work	Page 6C - 8												
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<p><b>42. *CONTRACT NUMBER 1 -</b> ____ ____ ____ ____ ____</p>	Page 6C - 8																										
<p><b>43. CONTRACT NUMBER 2 -</b> ____ ____ ____ ____ ____ (NO LONGER USED – MUST BE SPACE FILLED)</p>	Page 6C - 8																										
<p><b>44. *SA PRIMARY DIAGONISIS:</b> ____ ____ ____ ____ ____ (ICD10 Codes)</p>	Page 6C - 8																										
<p><b>45. MH DIAGONISIS:</b> ____ ____ ____ ____ ____ (ICD10 Codes)</p>	Page 6C - 8																										
<p><b>46. CONTRACT NUMBER 3 -</b> ____ ____ ____ ____ ____ (NO LONGER USED – MUST BE SPACE FILLED)</p>	Page 6C - 9																										

<b>47. *SOCIAL CONNECTEDNESS:</b> ____ ____ 01 – No attendance in the past month    04 – 8 – 15 times in past month    07- Unknown 02 – 1-3 times in past month    05 – 16-30 times in past month 03 – 4-7 times in past month    06 – Some attendance in past month, frequency unknown	Page 6C - 9
<b>48. *SCHOOL ATTENDANCE:</b> ____ 1 – Suspended    2 – Expelled    3 – Suspended and Expelled    4 – Not Applicable	Page 6C – 9
<b>49. *ARREST:</b> ____ ____	Page 6C – 9
<b>50. *SADIAG10:</b> _____	Page 6C – 9
<b>51. MHDIAG10:</b> _____	Page 6C – 9
Signature: _____ Date: ____/____/____	