

TCTI The Counseling Team International

74-075 El Paseo A-16 Palm Desert, CA 92260
Ph.: (800)651-1021 Fax: (949)855-7575

**DEA-EAP REQUEST FOR
AUTHORIZATION TO EXTEND EAP SERVICES
(Beyond six-sessions)
Drug Enforcement Administration
Employee Assistance Program**

PLEASE TYPE OR PRINT CLEARLY

Case Number: _____

Admission Status

Employee (State Discipline): _____

Relative (State Relationship): _____

Other (Please State): _____

Presenting Problem: _____

Prior Mental Health History: _____

Treatment Plan description (include progress to date and difficulties encountered): _____

Long term treatment assessment and prognosis: _____

Rationale for Extension Request: _____

_____ Requested number of extended sessions. **Treatment beyond this number will require another Service Extension Request.**

Area Clinician: _____
(Type or print name)

(Area Clinician Signature)

Date of Extension Request: _____

Approved _____ Denied _____

EAP Administrator _____