



ENHANCED MANAGEMENT REFERRAL PROGRAM SUBMISSION (ADMINISTRATIVE REFERRAL)

Form to be completed by HR Dept. or other designated company official and sent via Fax (631-588-8143) or email (info@nationaleap.com).

Company:	<input type="text"/>	Employee:	<input type="text"/>
Position:	<input type="text"/>	Date of Birth:	<input type="text"/> Gender: M <input type="checkbox"/> F <input type="checkbox"/>
Work Tel #:	<input type="text"/>	Address:	<input type="text"/>
Dept:	<input type="text"/>	City, State:	<input type="text"/> Zip: <input type="text"/>
Shift:	<input type="text"/>	Home /Cell#:	<input type="text"/>

Please describe **as specifically as possible** why the employee is being formally referred to National EAP (attach additional sheet if necessary):

Please describe any previous corrective action taken with the employee for this workplace problem:

Is the employee off work now (if "yes", under what circumstances; i.e. suspension, medical leave): Y N

What specific changes are desired or required in the employee's workplace behavior or performance?

Employee has been requested to contact EAP no later than _____ am/pm, on _____, 20__. The Employee has been informed and does understand that compliance with this Enhanced Management Referral is an expectation of his/her employer. Documented compliance with the EAP Plan does not relieve him/her of the responsibility for meeting work expectations as established by the employer. The Employee's signature below authorizes National EAP the right to confirm whether this Employee has or has not engaged in the EAP program.

Signature of Company Official: _____ Title: _____

Company Official's Email Address: _____

Telephone#: _____ Date: _____

Employee Signature: _____ Date: _____

(Company representative completing this form: If employee is unavailable to sign form before it is faxed to National EAP, please note on the employee signature line how the mandatory referral was or will be communicated to the employee by you; i.e. by telephone or at a later meeting, then please initial that line on the form. The employee will be asked to review and sign this Mandatory Referral form at his or her first appointment with the National EAP Specialist.)



MANAGEMENT REFERRAL PROGRAM

Understanding the Program

After you meet with your employer to discuss the Management Referral Program, you will be asked to sign the Referral Submittal Form and will be instructed to contact us to engage in EAP services by the deadline identified on the submittal form.

What Happens Next?

You will complete a brief, telephonic intake assessment and will be assigned to an EAP Specialist who will work with you throughout the Program.

You will be asked to sign consent forms prior to your first EAP appointment:

- **HIPAA Consent:** Your right to privacy and confidentiality
- **Telehealth Consent:** Gives us permission to do the sessions virtually, if applicable
- **Statement of Understanding:** Explains the Enhanced Management Referral Program
- **Enhanced Management Referral Consent:** Allows us to communicate with HR on the basis of your attendance, compliance, and progress in the Program

EAP Appointments:

You will have up to six (6) EAP sessions with your assigned counselor. Sessions may occur in-person or virtually. Sessions are typically 45-minutes and occur on a weekly or biweekly basis. Our EAP Specialists work closely with you to improve the issues identified in the referral form. If outside services are needed, we will connect you with appropriate resources and supports.

Reports & Confidentiality:

The EAP Specialist will provide written progress reports to HR after the 1st, 3rd, and final EAP session. The reports include information on your attendance, compliance, and progress toward referral concerns. The Management Referral Program is a confidential program. We do not share detailed information about topics discussed during your EAP Sessions. We include a few brief sentences on your progress. See example below:

Example: Member engaged in their first EAP session with EAP Specialist. Member discussed the reason for the referral and appeared to demonstrate insight into the impact of the referral concerns at work. Member explored strategies to improve and appears willing to comply with expectations of the Program.

