

P & P Home Services, LLC
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Please fax referral to 317-300-1369

Drug and Alcohol Screening Referral Form

Date of Referral: _____ Agency Name: _____

Person submitting referral: _____ (Private pay referral?) Yes No

Email Address: _____

Participant Information

Name: _____

Address _____ Phone _____

Number of Screens: 1 Collection 6 Collections 12 Collections Other _____

Are Screens to be Random? Yes No

Duration of Screens Once Daily Weekly Monthly Other _____

Is this screen for employment? Yes No

If yes, Employer: _____

Address _____ Phone Number _____

Additional information: _____
