KARMEN EAP, INTERNATIONAL

PO Box 2832
Costa Mesa, CA 92628

(714) 393-9898

CLIENT INSTRUCTIONS UNDER NEW DOT REGULATIONS

Thank you for choosing Karmen EAP International as your Substance Abuse Program. Karmen EAP International has provided a Dot (Department of Transportation) Substance Abuse Program for twelve (12) years. We currently serve drivers from almost every state in the Union.

We make every effort to assure your program is successful and in compliance with DOT regulations. Much of your program is dictated by DOT (see contract for cost). The program is a MINIMUM OF ONE YEAR and involves the following steps.

STEP 1. Paperwork is mailed or faxed to client, <u>CLIENT SHOULD MAKE COPIES OF ALL THESE FORMS TO AVOID CONFUSION AND TO KEEP ALL PAPERWORK IN THE IR TRUCK WITH THEIR DRIVING LOG, (WE HAVE RECENTLY RECEIVED REPORTS FROM DRIVERS THAT THEY ARE BEING STOPPED BY THE CHP OR STATE POLICE AND BEING REQUESTED TO PROVIDE PROOF OF NOT ONLY BEING IN THIS PROGRAM BUT PROVING THEY ARE IN COMPLIANCE!!!</u>

There is a term that most people are not familiar with – DER, this means *DESIGNATED EMPLOYEE REPRESENTATIVE.* Every Company operating under DOT has one or more persons given the responsibility of being the DER, Typically this is a supervisor or safety manager. If the client is still employed, call the Company and ask who the DER is, if NOT employed just ignore. YOU MUST INFORM US WHEN YOU BECOME EMPLOYED AGAIN. The paperwork required to enroll is:

- **A copy of the last positive drug/alcohol test. This may be obtained several ways: Call your previous employer and request a copy, call the clinic where the test was taken, often the lab will not release the results directly to the client but they will fax or mail them directly to us. If the lab requires a letter, have them contact us.**
- **Forms 200,201, 202 and a signed contract are required (call us if you need help filling these out.**
- **Payment of 580.00/$750.00 in full. DO NOT FAX YOUR CREDIT CARD NO. OVER THE PHONE, IT'S NOT SAFE!!!**

STEP 2. Once we receive all these forms, we find a DOT SAP (substance abuse professional) as close as possible to where the client lives. The client is then given the name, address and phone number of the SAP and makes an appointment for an *INITIAL EVALUATION*. As soon as the client has an appointment, HE/SHE MUST CALL US WITH THE DATE AND TIME.
The DOT SAP will make an evaluation, from this evaluation, recommendations, will be made. The recommendations will be sent to us and a letter will be sent to the client with necessary forms. It is imperative the client documents their meetings, counseling and/or education and sends us this documentation.

STEP 3. Once the recommendations are completed, the client must fax or mail us their documentation. The SAP will be contacted and the client will see the SAP for a *FOLLOW UP EVALUATION*. After the client leaves this appointment, they may take a *RETURN TO DUTY TEST*. THE TESTS MUST BE DOT (SPLIT) TESTS!! Make sure you give the collection site the document titled: REQUEST FOR DOT TEST RESULTS and tell the collection site to fax us the results.

STEP 4. Once a NEGATIVE TEST RESULT IS RECEIVED, from the collection site (this takes APPROXIMATLY 2 –3 days), the client or DER will be contacted and notified of the results and a letter will be generated regarding program compliance and aftercare recommendations. The driver is then legal to drive commercially. For a minimum of one year the client must submit to *FOLLOW - UP* drug and/or alcohol tests, the client has 24 HOURS from the time they are told to test NO MATTER WHERE THAT DRIVER IS!! There are DOT collection sites all over the country. (IF THE DRIVER IS GOING ON VACATION OR IS NOT GOING TO BE AVAILABLE, THE DRIVER MUST NOTIFY OUR OFFICE OR RISK TERMINATION FROM THE PROGRAM).
When the client takes the test, they MUST COMPLETE THE DOCUMENT TITLED: REQUEST FOR DOT TEST RESULTS AND SUBMIT THIS DOCUMENT TO THE COLLECTION SITE.
The SITE will be give the driver a specimen I.D. number, this number must be given to the employer, (or if self-employed) called or faxed to our office.

STEP 5. At the end of the program, the client makes an appointment with the SAP for a completion evaluation. The Client is now finished and has met all requirements set forth by DOT.
I have read and understood the following program requirements and agree to comply.

_____ _____

Client Name **Date**

SAP/DOT CONTRACT

I, _____ agree to enroll in the DOT Substance Abuse Program through Karmen EAP International. I understand the cost of the program is $750.00 for owner operators and $580.00 for employees, for the FIRST YEAR, non-refundable. THE COST OF TREATMENT IS NOT INCLUDED!! As this is considered a medical condition, every client has different treatments recommended.

Forms of payment include: Cash, Credit Card, Money Order or Personal Check CHECKS MUST CLEAR BEFORE ENROLLMENT CAN START!!

Once initial evaluation is completed, client understands that he/she is responsible for full program fee regardless of whether or not client completes program. I further understand that THE COST OF FOLLOW-UP TESTING AND RECOMMENDED TREATMENT IS NOT INCLUDED!! If the SAP/DOT Program extends beyond one year, the cost of monitoring will be $380.00 per year. If at any time the client tests positive, the program must be started all over again and the cost will be $750.00.

I have read, understand and agree to the terms of this contract.

Please sign and return SAP/DOT Contract (keep one copy for your files), form 200, 201,202 as well as copy of your last positive test result.

_____ _____

Client Signature **Date**

_____ _____

Karmen EAP International **Date**

KARMEN EAP INTERNATIONAL

REQUEST FOR SAP SERVICES form 200

CLIENT NO._____
STAFF:_____
DATE/TIME: _____

Employee Name: _____ SS#: _____
Address: _____
_____
Home Phone: _____ DOB: _____

What was the violation and date? (if positive test, indicate below:)_____
Tested positive for: ☐ Alcohol Testing level of: _____
☐ Drugs (specify) _____

Reason for test:		
	☐	Pre-employment
	☐	Post-accident
	☐	Random
	☐	Reasonable suspicion
	☐	Return to Duty
	☐	Follow-up

☐ FMCSA (Federal Motor Carriers Safety Administration
☐ FRA (Federal Railroad A administration)
☐ FTA (Federal Transit Administration
☐ FAA (Federal Aviation Administration)
☐ RSPA (Research & Special Programs)
USCG (United States Coast Guard)

Current employment status:_____
_____
Employer: _____

Address: _____
_____
_____

DER: _____ Title: _____

Requested by: _____ Title:_____
Phone:_____ FAX: _____

Assigned to: _____ Date/time: _____
Notes: _____
_____
Billing: _____

Karmen EAP Intl. Employee Assistance Program Form 201
Application for Enrollment

PURPOSE: For drivers enrolling into KARMEN EAP INTERNATIONAL. This form must be signed by both the employee and the supervisor (if a company is sponsoring), and the employee's Social Security Number must also be included. **PLEASE PRINT OR TYPE LEGIBLY**

- - - - CONFIDENTIAL - - - - - - -

COMPANY/EMPLOYEE INFORMATION:

☐ Company Sponsored ☐ Employed ☐ Self Sponsored ☐ Unemployed

Applicant's Name _____ (Individual or owner/operator)
Social Security # _____
Company _____
Address _____
City/St/Zip _____
Home: ( )_____
Work: ( )_____
Emergency: ( )_____
Fax: ( )_____
Supervisor Name (person who will receive notification – not owner) _____
Client's Address _____
Client I.D.# _____

EMPLOYEE'S PAGER OR MOBILE NUMBER: _(_____)_____
(Must be supplied to Karmen EAP Intl. Before initial assessment)

FEES: See EAP Price list or call Karmen EAP Intl. For Fee: $ _____ Total Amount Due: _____

PAYMENT: ☐ Check # _____ (make payable to Karmen EAP Intl.) ☐ Other _____

☐ Visa/Master Card # _____ Signature _____
Exp Date:_____

With my signature, I hereby proclaim that the company/employee named above wishes to participate in the Karmen EAP International Employee Assistance Program and agrees to abide by it's rules, policies and procedures especially those outlined below:

1. There will be no refunds, credits or rebates after enrollment.
2. **For all follow up tests, a commercial driver has two hours to respond to KARMEN EAP INTL. And may be called to leave a job.**
3. **An operational pager or mobile phone is required for a commercial driver and must be immediately available at all times.**
4. A Clinic Passport Form 111 is required for drug screenings and must be immediately available at all times.
5. Substance abuse is a medical problem and all employee information regarding this program will be treated as confidential.
6. The company and the employee have entered into a separable "Return to Work" Agreement.
7. The driver will not be allowed to drive a commercial vehicle until a confirmed negative Return-to-Duty result is obtained.
8. **Karmen EAP International and the assigned Substance Abuse Professional will have the authority to determine the employee's compliance to this program and has the right to terminate the employee from this program based on non-compliance.**
9. **The company agrees to notify KARMEN EAP INTERNATIONAL whenever the driver will be out of service**.
10. The commercial driver understands that he/she has received a confirmed positive test result and is governed by DOT-FMCSA 49 CFR part 082 regulations.

Supervisor Signature: _____ **Dated** _____

Employee's Signature: _____ **Dated** _____

Karmen EAP Intl. Employee Assistance Program Form 202
Sample Return to Work Agreement

PURPOSE This document serves as a sample return to Duty Agreement between the employer/agent and the individual enrolling into Karmen EAP Internationals' Employee Assistance Program.
PLEASE PRINT OR TYPE LEGIBLY

This Return to Work Agreement is specifically designed to meet the requirements of the DOT regulations and/or the company's policy as they apply to drug and/or alcohol violation requirements.

This agreement dated on _____ is between _____ and _____
(Date) (Print Individual's name) (Print Company Name)

The individual named above, will adhere to all of the conditions of this agreement. These conditions are as follows:

1. **During this period, the individual will at no time use alcohol or drugs as prohibited by the DOT regulation and/or Company Policy, which are not prescribed by a physician. The individual will notify the assigned Substance Abuse Professional and Employer of all such prescriptions.**

2. **The Individual will enter all treatment programs as directed by the assigned Substance Abuse Professional and will further consent to the issuance of progress reports to the company named above.**

3. **The individual will submit to a minimum of six unannounced drug and/or alcohol follow-up tests within the twelve-month period immediately following a confirmed written return-to duty negative test. The individual may also be required to submit to additional Follow-up testing for up to 60 months as recommended by the assigned Substance Abuse Professional.**

4. **The Individual must call or fax in Specimen ID number from the COC form into the SAP or Karmen EAP International immediately after completing their follow-up test.**

5. **The Commercial Driver agrees to possess and carry an operational pager or mobile phone at all times.**

6. **The Individual agrees and consents to the free exchange of information and test results between Company, the assigned Substance Abuse Professional, Karmen EAP International, and any other third party administrator as it applies to a treatment program and progress within that program.**

7. **The Individual will submit to all testing for drugs and/or alcohol prior to returning to work.**

I, the named Individual, have read and fully understand and agree to the terms of this agreement. I understand that failure to comply with its terms may result in other disciplinary action, up to and including termination of my employment. By the signatures below, I acknowledge that I have willingly agreed to the terms and conditions of this program and that an authorized Company representative has witnessed my signature on this agreement.

Individual: _____ Dated: _____

Company: _____ Dated: _____
(Authorized Representative)

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PO Box 2832
Costa Mesa, CA 92628

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EMPLOYEE ASSISTANCE PROGRAM

Page _____ of _____ **Date _____/_____/_____**

TO:

DOT requires a contract with a TPA (third party administrator, a company who contracts with collection sites and laboratories for drug testing). Please write name and phone number below:
Name: _____ Phone: _____

TYPE ☐ Company Sponsored Driver

☐ Driver – Self Sponsored

☐ Owner/Operator

OTHER: ☐ **SAP Re-evaluation** (**Driver tested positive on FL test)**

CASE NUMBER: _____

FORM 201 ATTACHED:	☐ **YES**	☐ **NO**
FORM 202 ATTACHED:	☐ **YES**	☐ **NO**
MRO RESULTS ATTACHED:	☐ **YES**	☐ **NO**

COMMENTS:

_____

_____