MONTGOMERY COUNTY PUBLIC SCHOOLS EMPLOYEE ASSISTANCE PROGRAM
STATEMENT OF UNDERSTANDING

Program

The Employee Assistance Program (EAP) of Montgomery County Public Schools is a confidential, voluntary service made available to all employees and retirees and their family members.

Fees

Meetings with the EAP specialist are offered at no direct cost to the employee, retiree or family member (client). Should the EAP specialist refer the client to a resource in the community, it is the responsibility of the client to pay for those services. Health insurance coverage may defray some or all of those costs.

Confidentiality

Information concerning a client's use of the EAP will not be disclosed to anyone outside of the EAP without the written consent of the individual, except as required by law or as described below, and will not be made a part of the employee's personnel record:

- *Dangerous situations*. If EAP staff believe that the client presents a danger to him/herself or another individual, the EAP staff may disclose information to prevent harm. EAP staff is also required by law to report suspicion of child abuse or neglect as well as the neglect, abuse or exploitation of vulnerable adults.

- *DOT covered employees.* If an employee with a CDL, covered by the Department of Transportation drug and alcohol testing regulations, reveals information about his/her alcohol or other drug use that causes EAP staff to be concerned for the safety of others, the EAP will take steps to ensure that the employee is relieved of safety sensitive responsibilities while provided with the opportunity to participate in treatment. The EAP will make arrangements to have the employee temporarily assigned to a non-safety-sensitive position, at the same rate of pay, while participating in treatment. (*These arrangements **do not** pertain to those individuals who access EAP services after submitting a sample which tests positive for alcohol or other drugs*). The confidentiality of the employee will be protected to the best of EAP staff ability.

- *Social Media and Mobile Device Location Services.* Due to the importance of confidentiality and the rules and regulations governing EAP Providers, EAP employees are not allowed to accept requests from current or former clients on any social networking sites (Facebook, LinkedIn, etc.). Please be aware that when location services are enabled on your mobile devices other people may have access to your location possibly compromising your privacy and confidentiality. If you choose, location services on your mobile devices can be turned off by you.

- Telemental Health Care Services There are benefits and risks associated with the use of telemental health. Benefits include convenience and flexibility. The risks associated with telemental health include disruption of transmission by technology failures, interruption, breaches of confidentiality by unauthorized persons, and/or limited ability by MCPS EAP to respond to emergencies. All information disclosed within sessions will be kept confidential to the extent allowed by law which includes written records. This information is protected under the Privacy Act and may not be disclosed without my written permission,except where disclosure is permitted and/ or required by law. On occasion, sessions via telephone may be necessary due to technology failure or other circumstances.

***Voluntary Participati*on**

Participation in the EAP is voluntary. Employment or advancement in MCPS is not affected by an employee's decision to use (or not to use) the services of the EAP (unless the employee has entered into an agreement with the Office of Human Resources and Development specifying EAP participation as a special condition of employment). MCPS evaluates an employee on the basis of job performance criteria only, and not on the use of the EAP.

I have read this **Statement of Understanding** and understand its contents.

_____	_____	_____
(Printed Name)	(Signature of client)	(Date)

EMPLOYEE ASSISTANCE PROGRAM
Confidential Information Questionnaire

MCPS
CLEAR FORM

Today's Date____/____/_____ **Employee I.D.**_____

Last Name_____ **First Name**_____

Employee Name *(if different from your own)* _____

Are you a previous client at the Employee Assistance Program (EAP)? ❑ Yes ❑ No

Home Address _____City_____ State____ Zip_____

Birthdate____/____/_____ **Gender**_____ **Pronouns** _____ **Marital Status**_____

Phone Numbers Home _____-_____-_____ Work _____-_____-_____ Cell _____-_____-_____

How would you prefer to be contacted by the EAP? (*Check all that apply)*

❑ Home ❑ Work ❑ Cell ❑ Outlook ❑ Personal e-mail: _____

Who referred you to the EAP?

❑ EAP ❑ Human Resources ❑ Union ❑ Self ❑ Supervisor

Commercial Driver's License (CDL) ❑ Yes ❑ No

How did you first find out about the EAP?

❑ ADR Brochure ❑ Supervisor ❑ EAP website ❑ EAP Workshop
❑ PAR Consultant ❑ Family Member ❑ Human Resources ❑ Union
❑ EAP Literature ❑ Other MCPS Employee ❑ Other Source ❑ New Employee Orientation

Race_____

Please rate your current job performance *(check one)* ❑ Excellent ❑ Good ❑ Needs Improvement ❑ Poor

MCPS EMPLOYEE INFORMATION

Job Title _____ **Work Location**_____

Employment ❑ Full Time ❑ Part Time ❑ Temporary ❑ On Leave ❑ Retired ❑ Other _____

How have the concerns that brought you to EAP affected your work performance? (*Check all that apply)*

❑ absenteeism ❑ safety ❑ relationship with students
❑ tardiness ❑ relationship with supervisor ❑ not at all
❑ quality ❑ relationship with other employees ❑ other_____

Date Hired by MCPS _____/_____/_____

Emergency Contact Name _____ Phone _____-_____-_____

Health Insurance Company_____

Union ❑ MCAAP ❑ MCBOA ❑ MCEA ❑ SEIU Local 500 ❑ None ❑ Other _____

Education (what is the highest degree or level of school you have completed? *If currently enrolled, highest degree received*)

❑ College degree ❑ Graduate degree ❑ High school/GED ❑ Less than 12 years

continued

Please list all members of your household. Please also list children who may not be living at home:

Name	Relationship	Birthdate	Occupation/ Grade in School	Living at home?
		____/____/_____		❑ Yes ❑ No
		____/____/_____		❑ Yes ❑ No
		____/____/_____		❑ Yes ❑ No
		____/____/_____		❑ Yes ❑ No
		____/____/_____		❑ Yes ❑ No

Do you drink alcohol? ❑ Yes ❑ No ***IF YES,*** please answer the following questions:

1. How often do you have a drink containing alcohol? *(check one)*
❑ Monthly or less ❑ 2-4 times per month ❑ 2-3 times per week ❑ 4 or more times per week

2. How many drinks containing alcohol do you have on a typical day of drinking? *(check one)*
❑ 1 or 2 ❑ 3 or 4 ❑ 5 or 6 ❑ 7 to 9 ❑ 10 or more

3. How often do you have five or more drinks on one occasion? *(check one)*
❑ Never ❑ Less than once per month ❑ Once per month ❑ Once per week ❑ Daily or almost daily

Please check any of the following that have been a concern to you within the past 6 months:

❑ alcohol or drug use
❑ anger
❑ anxiety
❑ bullying
❑ career issues
❑ couples/marriage problems
❑ depression
❑ disability
❑ eating disorder
❑ eldercare
❑ family problems
❑ family violence
❑ financial problems
❑ gambling
❑ grief
❑ health issues
❑ housing
❑ legal concerns
❑ other person's alcohol/drug use
❑ other persons' mental health problem
❑ relationship with coworker
❑ relationship with students
❑ relationship with supervisor
❑ sex
❑ sexual harassment
❑ suicide
❑ trauma
❑ workplace stress
❑ other_____

Over the past 2 weeks, have you had thoughts of harming yourself or anyone else? Yes No

Please briefly describe the concerns or problems for which you seek assistance:

WORKPLACE OUTCOME SUITE – 5 ITEM VERSION

GENERAL INSTRUCTIONS
Below is a series of statements that refer to aspects of your work and life experience that may be affected by the personal problems you want to address at the EAP during the past 30 days. Please read each item carefully and answer as accurately as you can.

			NUMBER OF HOURS
AB	1.	For the period of the past 30 days, please total the number of hours your personal concern caused you to miss work. Include complete eight-hour days and partial days when you came in late or left early.	

INSTRUCTIONS FOR ITEMS 2 – 5
The following statements reflect what you may do or feel on the job or at home. Please indicate the degree to which you agree with each of the statements for the past 30 days. Use the 1-5 response key to the right.

			STRONGLY DISAGREE	SOMEWHAT DISAGREE	NEUTRAL	SOMEWHAT AGREE	STRONGLY AGREE
PR	2.	My personal problems kept me from concentrating on my work.	☐	☐	☐	☐	☐
WE	3.	I am often eager to get to the work site to start the day.	☐	☐	☐	☐	☐
LS	4.	So far, my life seems to be going very well.	☐	☐	☐	☐	☐
WD	5.	I dread going into work.	☐	☐	☐	☐	☐

The EAP sends a confidential post-survey (pre-survey abo) through the e-mail or by text to the phone number of your choice. The feedback you give is used to measure outcomes of EAP support.
Please check the box to consent to a follow up survey and select the method and contact information for where the follow-up survey can be sent:

☐ I agree to receive a follow up survey 90 days following the start of EAPervices

Text: ☐

E-mail: ☐

CGP
CHESTNUT GLOBAL PARTNERS

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