HEALTH AND HUMAN SERVICES GROUP
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U.S. DEPARTMENT OF HOMELAND SECURITY
Office of Border Patrol (OBP)

OBP EAP
AUTHORIZATION TO EXTEND EAP SESSIONS

PLEASE TYPE OR PRINT CLEARLY

Case Number: _____

Presenting Problem/Current Mental Status: _____
_____
_____
_____
_____

Number of Sessions you have seen client to date: _____

I request _____ additional sessions in order to accomplish the following objectives: _____
_____
_____
_____
_____

(Use an additional sheet if you require more space)

Once all approved EAP sessions have been used, the client's case wil be: (You must answer this section)

- ☐ **Closed**
- ☐ **Continued and referred to another provider**.
- ☐ **Other (Explain):** _____

Client's Medical Insurance Company:_____ **ID #:** _____
Type and amount of mental health coverage:_____

Is the client currently being seen by another mental health provider outside the EAP? ☐ **Yes** ☐ **No**
If YES, for what purpose:_____
_____
_____

FAILURE TO COMPLETE EACH SECTION OF THIS FORM WILL RESULT IN THE FORM BEING RETURNED FOR COMPLETION

For HHSG Use Only: Previous Utilization : _ Yes _ No No. of Previous Utilizations; _____ Different Problem: _ Yes _ No
How many sessions used previously: _____

_____
Date of Request

_____
Therapist Signature

_____
Therapist Printed Name

_____
Therapist FAX Number

OBP EAP FORM 5 REV: 3/13/07

Processing Date: _____
_____Approved _____Denied

Total Sessions Extended: _____

Reviewed By: _____

DHS Control No: _____

Initial Sessions Authorized at time of referral: _____