



**UNITED STATES PROBATION
DISTRICT OF MASSACHUSETTS**

**COURT ASSISTED RECOVERY EFFORT
C.A.R.E.**

Program Eligibility Guidelines

Participant Name: _____ PACTS #: _____

Sentencing Judge: _____ Probation Officer: _____

Check only those that apply:

- TCU Score greater than 4 Score: _____
- History of drug/alcohol abuse Date of last use: _____
Drug type: _____
- History of intravenous drug use or opiate use Yes No
Date of last use: _____
- History of positive UA's (include pretrial) Number: _____
- Prior participation in treatment pre-federal conviction:
BOP Detox Inpatient IOP
Outpatient Self-help
- Prior participation in treatment post-federal conviction:
BOP Detox Inpatient IOP
Outpatient Self-help
- Prior drug convictions or crimes committed while
the influence of drugs/alcohol Number: _____
- History of drug related violations while under any term
of supervision Number: _____
- Willingness to participate in program Yes No