



Adult Reentry Program Referral Form

General Information

It is recommended that the form be completed in quadruplicate for all detainees identified with mental health service needs within 48 hours of arriving at the facility. The quadruplicate forms should be distributed as follows: top copy in detainee's file to give upon discharge, second copy to medical personnel, third copy to mental health personnel, and the fourth copy for use according to facility's procedures.

<ul style="list-style-type: none"> • Detainee's Name: • Gender: • Date of Birth: • Today's Date: • Jail ID#: • SSN#: • Name of Facility: • Name of Person Completing Form and Phone Number: • Current Status: • Projected Release Date 	<ul style="list-style-type: none"> • Enter detainee's last name, first name, and middle initial. • Check Male (M), Female (F) or Non-binary. • Enter month, day, and year. • Enter month, day, and year. • Enter Jail ID# associated with detainee. • Enter detainee's Social Security Number • Enter name of jail • Print name of person completing form and unit phone number. If multiple people use this form, each person must print his/her identifying information on this form. • Check Sentenced Inmate or Pre-Trial Detainee • Enter projected date of release (if known)
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Instructions: (Note: Highlight check boxes and enter "X" in appropriate box)

Potential Needs in Community after Release

Discuss each service *with detainee* to determine if there is a need to plan for this service prior to discharge. Check the appropriate boxes that correspond to the services identified as a need by the detainee. If the person completing the form identifies a need for which the detainee does not agree to receive planning, indicate this in the Steps Taken and Date(s) section (Ex: Detainee is homeless but does not agree to receive assistance with housing upon discharge).

Steps Taken by Jail Staff and Date(s)

Indicate the steps taken to set-up the identified services and the dates this was done. Notes in this section should reflect a continuous effort to plan for re-entry services throughout the detainee's stay in the facility. If multiple people complete this form, each person must identify the steps that she/he completes in this section with initials, as well as entering his/her name at the top of the form.

Example:

Detainee identifies Mental Health Services as a need:

9/1/03 L.T. Contacted Community Mental Health Services (MHS) to set-up appointment with intake coordinator upon release. Will contact closer to projected date of release

9/25/03 S.P. Release date is firm for 10/3/03. Contacted MHS and made appointment for 10/3/03 at 1:00 p.m. MHS agreed to provide 1 bus token and jail will provide 1 token to assist with transportation

10/2/03 L.T. Appointment confirmed at MHS for 10/3/03 at 1:00 p.m.

Detainee's Final Plan & Contact Information for Referrals

Identify final plan in terms of appointment times, next steps, and person to contact for each identified need.

Example:

1:00 p.m. appointment on 10/3/03 at MHS with intake coordinator: Julie Young. Phone: 333-1212; Address: 1234 Street, City, USA 11120

Final Section

<p>Full plan completed and discussed with detainee? If no, why?</p> <p>Attachments?</p>	<p>Check Yes or No</p> <p>In this section, specify why the full plan was not completed or discussed with detainee by checking: Detainee refused; Court released before plan completed; Incomplete for other reasons—specify (e.g., provider was unable to be contacted)</p> <p>Check Yes if attaching corresponding materials; Check No if not</p>
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Re-Entry Checklist for Inmates Identified with Mental Health Service Needs			
Detainee's Name _____ Last Name _____ MI _____ First Name	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary	Date of Birth ____ / ____ / ____ mm dd yy Today's Date ____ / ____ / ____ mm dd yy	Jail ID # _____ SSN# _____
Race: <input type="checkbox"/> Alaska Native/American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Multiracial <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other _____		Marital Status: <input type="checkbox"/> single <input type="checkbox"/> married <input type="checkbox"/> separated <input type="checkbox"/> divorced <input type="checkbox"/> engaged <input type="checkbox"/> widowed <input type="checkbox"/> cohabiting	
Name of Facility _____	Current Status <input type="checkbox"/> Pre-Trial Detainee <input type="checkbox"/> Sentenced Inmate <input type="checkbox"/> Released on Parole		Date of Admission ____ / ____ / ____ mm dd yy Projected Release Date ____ / ____ / ____ mm dd yy Release Date ____ / ____ / ____ mm dd yy
Name of Person Completing Form and Phone Number: Name: _____ Phone: _____		Current Living Situation: <input type="checkbox"/> Private Residence <input type="checkbox"/> Homeless Shelter <input type="checkbox"/> Transitional Housing <input type="checkbox"/> Detained <input type="checkbox"/> Recovery Housing <input type="checkbox"/> Other	
Education: Highest grade completed: _____ Vocational training: _____ _____ _____		Employment History: _____ _____ _____ _____ _____	



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<u>Potential Needs in Community After Release</u>	<u>Steps Taken by Jail Staff and Date(s)</u>	<u>Detainee's Final Plan & Contact Information for Referrals</u>
<input type="checkbox"/> Mental Health Services	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>
<input type="checkbox"/> Psychotropic Medications	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>
<input type="checkbox"/> Housing	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>
<input type="checkbox"/> Substance Abuse Services	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>
<input type="checkbox"/> Health Care	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>
<input type="checkbox"/> Health Care Benefits	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>
<input type="checkbox"/> Income Support/Benefits	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>
<input type="checkbox"/> Food/Clothing	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>
<input type="checkbox"/> Transportation	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>
<input type="checkbox"/> Other	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>

Full plan completed and discussed with detainee? YES NO

Attachments? YES NO

If no, why? _____

Detainee refused Court released before plan completed

Incomplete for other reasons Specify: _____