

## CALAIM JUSTICE-INVOLVED REFERRAL

<b>REQUEST:</b>		<b>Urgent: Release within 7-Day</b>	<b>Routine: Release within 90-Day</b>					
Telehealth (required for out-of-county referrals)		In-Custody Designation		Interpreter Needed:		Yes    No		
Provided by Facility (required for out-of-county referrals):		Yes	No	Language:				
Client Name:		X-Ref:	JI Aid Code(s):	12	13	14	15	16
DOB:	SSN:		Medi-Cal Client ID #:					
Referring Agency:			POC Name:					
In-Custody County:			POC Phone Number:					
Facility Location:			POC Email Address:					
Projected Release Date (must be within 90-day):								
Relevant Mental Health information:								
Source(s):								
Substance Use:	Yes	No	UNKNOWN		Preferred drug(s):			
Charges/Description & Other notes:			Victim related crime:	Yes	No			
History of/Charge of/Conviction of 290 or Arson?    Yes    No			Special orders (check all that apply)					
			Cannot reside with victim Restraining order Peaceful contact order No contact order N/A					
Client Contact Number on release:			Homeless:	Yes	No			
Address upon release:			Income source/funding:					
<b>POINT OF CONTACT (POC) REVIEW</b>								
Court Review POC (PRINT):				Date:				
Court Review POC (SIGNATURE):				Phone:				
<b>DEPARTMENT OF BEHAVIORAL HEALTH</b>								
ROI Date:		Date of assignment:			Completion date:			
Mental Health Diagnosis:				Primary	Yes	No		
Substance Use Diagnosis:				Primary	Yes	No		
Level of Care Recommendation:		MCP	CORE	FSP	Not Eligible for MHP	Other (see notes)		
SUPT Treatment Recommended:		No	Yes (specify):					
Recommendation Notes:								
Assigned SMHC (print/sign):				Date:				