Augmented Board & Care Program Referral Form

Please fax to IPT at 916-854-8824

Client Information	
Client Name:	Date of Birth:
Avatar ID/Medi-Cal # (CIN):	☐ Male ☐ Female ☐ Other:
Ethnicity:	Client's Preferred Language:
Conservator? ☐ Yes ☐ No	Type: ☐ LPS ☐ Probate
Conservator Name:	Phone Number:
Referring Agency	
Submitting Program/Agency:	
Contact Person:	Phone Number:
Current Outpatient Provider	
Provider Agency:	Provider Program:
Contact Person:	☐ OP Provider is in agreement with a Higher Level of Care
Phone Number: / Date Contacted:	
Primary Diagnosis: 1) 2)	
Reason for ABC referral:	
Documents Attached: ☐ Medication List ☐ Assessment ☐ Other: _____	
Co-occurring substance use (if applicable, please list top 3 substances of choice):	
Current Housing: ☐ Independent Living ☐ Family ☐ Room and Board ☐ Board and Care ☐ Temporary Housing ☐ Other: _____	
Insurance: ☐ Medi-Cal ☐ Medicare ☐ Uninsured ☐ Other: _____ Funding/Income: _____	
Support System: ☐ Family ☐ Peer(s) ☐ Volunteer/Employment ☐ Spiritual/Religious ☐ NA/AA	
Where is client currently residing?	
Admission Requirement Checklist	
☐ Part of the MH Plan (has an RST, T-CORE or FSP) ☐ Has SSI, SSA, VA and has sufficient funds to pay the SSI rate ☐	

ABC Behavior & Risk Assessment Tool

Complete the following by checking one box for each lettered section.

I. Impulse Control

(Attempts, threats, gestures)

A. Suicide Risk

- ☐ Has been a suicide risk within 3 months
- ☐ Has been a suicide risk within 3-12 months
- ☐ Has a history of being a suicide risk
- ☐ Has no history of being a suicide risk

Please describe: _____

B. Self-Injurious Behavior

- ☐ Has demonstrated SIB within 3 months
- ☐ Has demonstrated SIB within 3-12 months
- ☐ Has a history of SIB behavior
- ☐ Has no history of SIB behavior

Please describe: _____

C. Physical Aggression

- ☐ Has been observed striking out within 3 months
- ☐ Has been observed striking out within 3-12 months
- ☐ Has a history of striking out
- ☐ Has no history of striking out

Please describe: _____

D. AWOL Risk

- ☐ Has been an AWOL risk in the last 3 months
- ☐ Has been an AWOL risk within 3-12 months
- ☐ Has a history of AWOL behavior
- ☐ Has no history of AWOL behavior

***E. Adverse Sexual Behavior/Unacceptable Sexual Activity* (exposing self, sexual aggression, participating in unsafe sex)**

- ☐ Has engaged in inappropriate sexual activity within past 3 months
- ☐ Has engaged in inappropriate sexual activity within 3-12 months
- ☐ Has a history of inappropriate sexual activity
- ☐ Has no history of inappropriate sexual activity

***F. Fire Risk Hazard or Smoking Behavior* (inappropriate use of lighters, matches, trying to start fires)**

- ☐ Has demonstrated fire risk behavior within 3 months
- ☐ Has demonstrated fire risk behavior within 3-12 months
- ☐ Has a history of fire risk behavior
- ☐ Has no history of fire risk behavior

***G. Polydipsia* (excessive water ingestion)**

- ☐ Has demonstrated polydipsia within 3 months
- ☐ Has demonstrated polydipsia within 3-12 months
- ☐ Has a history of polydipsia behavior
- ☐ Has no history of polydipsia

H. Destruction of Property

- ☐ Has been observed destroying property within 3 months
- ☐ Has been observed destroying property within 3- 12 months
- ☐ Has a history of destroying property
- ☐ Has no history of destroying property

II. Self Help Skills

A. Bathes Self

- ☐ Resistive/refuses
- ☐ Needs assistance
- ☐ Needs prompting
- ☐ Completely independent

***B. Personal Grooming Skills* (teeth, hair, shaves, nails, etc.)**

- ☐ Resistive/refuses
- ☐ Needs assistance
- ☐ Needs prompting
- ☐ Completely independent

***C. Toileting Habits* (voiding/defecating)**

- ☐ Resistive/refuses
- ☐ Needs assistance
- ☐ Needs prompting
- ☐ Completely independent

III. Discharge Potential

A. Able to Make Healthy Substance Abuse Choices

- ☐ Refuses
- ☐ Occasionally makes healthy substance abuse choices
- ☐ Frequently makes healthy substance abuse choices
- ☐ Independently makes healthy substance abuse choices

***B. Able to Make Healthy Medical Choices* (asks for medical help, schedules appointments, takes medication)**

- ☐ Refuses
- ☐ Occasionally makes healthy medical choices
- ☐ Frequently makes healthy medical choices
- ☐ Independently makes healthy medical choices

C. *Able to Independently Take Medications*

- ☐ Refuses
- ☐ Occasionally takes medication
- ☐ Frequently takes medication
- ☐ Independently takes medication

D. *Able to Handle LOAs and Passes Appropriately*

- ☐ Unable to handle LOAs and passes appropriately
- ☐ Occasionally able to handle LOAs and passes
- ☐ Frequently able to handle LOAs and passes
- ☐ Independently able to handle LOAs and passes

* Please score 3 for the first box, 2 for the second box, 1 for the third box, and 0 for the fourth box.

Date: _____

Signature: _____

Section Scores: I _____ II _____ III _____

Total Score: _____

(There is a potential for a total score of 45.)

Client Name: _____

Avatar#: _____