**Community Transitions Referral Form**

Please complete referral at [www.rmhumanservices.org/bh](http://www.rmhumanservices.org/bh).

For questions, please contact CTReferrals@rmhumanservices.org or call 303-636-5635

This referral encompasses two programs, both of which are voluntary. Check all boxes for eligibility that apply.

**Client/Guardian has agreed to this referral:** [ ] **Yes** [ ]  **No**

|  |  |
| --- | --- |
| **Momentum Program****Adult (21+)**[ ]  **Current inpatient psychiatric hospitalization** in an institute or acute hospital for one month or longer with significant barriers to discharge[ ]  **Current inpatient psychiatric hospitalization** with at least two prior inpatient psychiatric admissions at an approved hospital or ATU in the past 12 months[ ]  Defendants pleading “Not Guilty by Reason of Insanity” (NGRI) and **currently hospitalized**[ ]  Defendants deemed “Incompetent to Proceed” (ITP) and **currently hospitalized**[ ]  **(Western Slope clients only):** **Current psychiatric hospitalization** with a past history of psychiatric hospitalizations that resulted in barriers to discharge that have prohibited a successful transition into a home community**Child/Adolescent (Age 20 and younger)** Must have a current behavioral health diagnosis[ ]   **Current inpatient psychiatric hospitalization** lasting greater than 2 weeks[ ]   **Current inpatient** **psychiatric hospitalization** with at least two prior inpatient psychiatric admissions at an approved hospital or ATU in the past 12 months[ ]  C**urrent involvement** with 2 or more systems, such as juvenile justice, child welfare, school discipline, IEP and the youth is in need of transitional case management, services, and/or supports not funded by another source  | **Transition Specialist Program****All Ages**1. Potential clients shall meet the eligibility requirements listed in both a) and b) below, and **currently be receiving treatment in an Emergency Department, Hospital, Acute Treatment Unit, Crisis Stabilization Unit or Withdrawal Management:**
2. Have a significant mental health or substance use disorder as evidenced by:

[ ]  **Currently** on a 72-hour mental health hold[ ]  **Currently** on a certification for short-term treatment or extended short-term treatment[ ]  **Currently** on a certification for long-term treatments[ ]  **Currently** on an emergency commitment (substance use disorders)[ ]  **Currently** on an involuntary commitment (substance use disorders)[ ]  **Currently** receiving voluntary treatment for a mental health or substance use disorder1. Is not currently engaged in consistent behavioral health treatment:

[ ]  The individual is **not currently enrolled** or is **unable to consistently connect** with and/or access a community-based behavioral health service provider |

**Client Demographics**

**Client Legal Name:** Click or tap here to enter text.

**Date of Birth:** Click or tap here to enter text.

**Medicaid Number (If Applicable):** Click or tap here to enter text.

**Social Security Number:** Click or tap here to enter text.

**Gender**: [ ]  Female [ ]  Male [ ]  Transgender [ ]  Prefer to self-describe: Click or tap here to enter text.

**Ethnicity:** Click or tap here to enter text.

**Client Address:** Click or tap here to enter text.

**Client Phone Number:** Click or tap here to enter text.

**Name & Phone Number for Guardian/Emergency Contact (if Applicable):** Click or tap here to enter text.

**Current Living Situation**

[ ]  Out of State [ ]  Host/Group Home [ ]  Regional Center [ ]  ACF [ ]  Nursing Home

[ ]  Staying or Living w/family or friend [ ]  Residential (Youth) [ ]  Residential (SUD) [ ]  Foster Care

[ ]  Emergency Shelter, including hotel/motel paid by 3rd party [ ]  Hotel/motel paid for w/out emergency shelter voucher

[ ]  Jail, Prison, or Juvenile Detention Facility [ ]  Home owned by client [ ]  Rental by client with voucher

[ ]  Rental by client, no ongoing subsidy [ ]  Homeless/place not meant for habitation (Car, streets, etc.)

[ ]  Transitional Housing [ ]  Hospital/Institute [ ]  Client doesn’t know [ ]  Client refused [ ]  Unknown [ ]  Other: Click or tap here to enter text.

**Referral Information**

**Referral Agency:** Click or tap here to enter text.

**Person Referring:** Click or tap here to enter text.

**Referral Email:** Click or tap here to enter text.

**Referral Phone Number:** Click or tap here to enter text.

**Current Behavioral Health Information**

**Behavioral Health and/or Substance Use Disorder Diagnoses (list all that apply):** Click or tap here to enter text.

**Other Diagnoses:** ­­­­­­­­­­­­Click or tap here to enter text.

**Current Physical Location of Client (Facility Name):** Click or tap here to enter text.

**Admission Date:** Click or tap here to enter text.

**Anticipated Discharge Date/Time:  ­­­­­­­­­­**Click or tap here to enter text.

**Assigned Social Worker/Case Manager:** Click or tap here to enter text.

**Social Worker/Case Manager Phone Number:** Click or tap here to enter text.

**Social Worker/Case Manager Email:** Click or tap here to enter text.

**Previous Hospitalization/Hold History within Past Year**

**Facility 1:** Click or tap here to enter text. **Facility 3:** Click or tap here to enter text.

**Admission Date 1:** Click or tap here to enter text. **Admission Date 3:**Click or tap here to enter text.

**Discharge Date 1:**Click or tap here to enter text. **Discharge Date 3:** Click or tap here to enter text.

**Facility 2:**Click or tap here to enter text. **Facility 4:** Click or tap here to enter text.

**Admission Date 2:** Click or tap here to enter text. **Admission Date 4:** Click or tap here to enter text.

**Discharge Date 2:** Click or tap here to enter text. **Discharge Date 4:** Click or tap here to enter text.

**Outpatient Behavioral Health Information**

**Community-Based Behavioral Health Provider:** Click or tap here to enter text.

**Phone Number and Email:** Click or tap here to enter text.

**Child/Adolescent (Under 21) System Involvement (check all that apply)**

[ ]  Juvenile Justice [ ]  School Detention/Suspensions

[ ]  Child Welfare [ ]  Other (Please list)

[ ]  IEP

**How can Community Transitions be helpful for your client?**

Click or tap here to enter text.

**Additional Information if applicable such as housing plan, supports in the community, benefits applied for etc.**

Click or tap here to enter text.