**Community Transitions Referral Form**

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

For questions, please contact [CTReferrals@rmhumanservices.org](mailto: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 disorder   1. 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.