

Region 4 Jail Team

CSB/Jail Referral Form

Client Information:

Client's Name:

Date of Birth:

Current Jail Location: Richmond City Justice Center Riverside Regional Jail Southside Regional Jail

Court of Jurisdiction:

Charges:

If client is currently receiving services from RBHA, please also complete the following (note: RBHA only):

Diagnoses:

Current or most recent medications:

Currently or recently received ACT/REACH/ID services? No Yes

Recently housed in Adult Living Facility, Waiver Home or comparable housing? No Yes

Referring Party Information:

Referring jail, if applicable: Richmond City Justice Center Riverside Regional Jail Southside Regional Jail

Referring CSB/BHA, if applicable: Chesterfield Henrico District 19 Goochland-Powhatan
 Hanover RBHA Crossroads Other:

Referring Party's Name:

Phone:

Fax:

Physical Address:

Email Address:

Reason for Referral (check all that apply):

- Would like monitoring of the person's mental status and updates every 30 days
- Assistance with discharge planning
- Other:

Signature:

Date:

COMPLETED BY REGION 4 JAIL TEAM

Jail Team Decision

Date referral received:

Date consumer assessed by Jail Team:

Assessing Clinician: Dr. Matovich Ms. Lewis Mr. Phelps Ms. Washington

Decision: Appropriate for Jail Team consumer monitoring
 Not Appropriate for Jail Team Consumer Monitoring; will not remain open to the Jail Team
 Does not meet criteria for having a serious mental illness as a primary diagnosis
 Is no longer at the jail
 Other:

Date decision communicated to referring CSB/BHA/Jail: