

Jail Diversion Partner Referral Form



Jail Diversion Referrals are for individuals who have a mental health disorder or those with a co-occurring mental health and substance use disorder.

Date: _____ Name of Individual: _____

DOB: _____ Phone Number: _____

Address or place of residence: Street: _____

City: _____ State: _____ Zip: _____

Is the individual in agreement with this referral?

- Yes
- No

Services Requested

- Mental Health
- Drug and Alcohol
- Medication Management
- Employment Support
- Case Management
- Housing Navigation

OHP Status

- Currently has OHP
- OHP Activation Needed
- OHP Renewal Needed (Individual had OHP prior to incarceration)

Referral Source:

Polk County Circuit Court - Pretrial Release Referral

Contact Name: _____ Phone: _____ Email: _____

Polk County Community Corrections

Contact Name: _____ Phone: _____ Email: _____

Name of Probation Officer: _____

MH2 MH3 Probation - MH Package/conditions

Polk County Jail

Contact Name: _____ Phone: _____ Email: _____

1. Is this the individual's first incarceration cycle? Yes No
2. Does this individual have any detainers? Yes No
3. Does this individual have Prison History? Yes No
If yes, describe: _____
4. Is this individual currently on probation? Yes No
If yes, Probation Officer Name: _____
5. If known, please list the individual's mental health diagnosis: _____
6. Has the client been on suicide prevention observation? Yes No

Email or fax completed forms to:

bh.referrals@co.polk.or.us Fax:

503-831-1726