

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

OHP Status

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

Services Requested

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

Referral Source:

Polk County Circuit Court

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 referral to notify Jail Diversion case manager of a bridge for a medication prescription? Yes No
2. Is this the individual's first incarceration cycle? Yes No Unknown
3. Does this individual have any detainers? Yes No Unknown
4. Does this individual have a prison history? Yes No Unknown
5. Is this individual currently on probation? Yes No Unknown
6. If known, please list the individual's mental health diagnosis: _____
7. Has the client been on suicide prevention observation? Yes No Unknown

Comments

Email completed forms to: bh.referrals@co.polk.or.us **or Fax to:** 503-831-1726