

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