|  |
| --- |
| Please attach the following information with the completed referral form: **(Items in bold MUST be attached, *\*must be included with CESE referral, \*\*\* must be included with ACCV referral*)****Police Report in current matters** **PSI/Criminal history****Current Mental Health Reports or Evaluation\***  Summons/Complaint**Release of Information for VA\*\*\*** SSI/ASUS**Release of Information for Community Reach Center\*** Substance abuse/Alcohol evaluation |
|  |
| **ACCV Referral** **[ ]  CESE Referral [ ]**  |
| ***Send complete ACCV referrals to*** ***justin.couch@judicial.state.co.us*** ***and CESE referrals to*** ***adrienne.anfield@judicial.state.co.us******; copy*** ***jennifer.little@judicial.state.co.us*** ***on both.***  |
|  |
| **Client information:** |
| Name:  |       | DOB:  |       | [ ] M [ ] F |
| Address: |       | Phone: |       |
| Soc. Sec. #: |       | Location: [ ]  Jail [ ]  Bail [ ]  Other: |       |
| **ACCV only**: Branch(es) of service: |       | Dates of service: | YYYY-YYYY |
|  |
| **Referral Information:** |
|  |
| Referring Party: |       | Referring Party Phone: |       |
| Agency: |       | Probation Officer: |       |
| Case number(s): |       | Div/Judge: |       |
| Charges/Convictions: |       |
| Sent. date: |       | Court ordered screens: |       |
| Case Status: | [ ]  Presentence [ ]  Sentenced to probation [ ]  Revocation [ ]  ICE hold |
| Please indicate reason for referral: |       |
| Please indicate the client’s current motivation for change and participation in ACCV/CESE: |
|       |
| Substance abuse/dependent diagnosis? [ ]  yes [ ]  no  | Drug(s): |       |
| Mental health diagnosis: |       | [ ]  none [ ]  not known |
| LSI: |       | SSI: |       | ASUS Disrupt: |       | 6 mos: |       | Mood: |       |
| Please list the client’s current medications: |       |
| Please describe the client’s current living arrangements: |
|       |
| Please describe the client’s family/support: |
|       |
| Please indicate the client’s primary mode of transportation: |       |
| Please indicate the client’s current and previous substance abuse/mental health treatment referrals and outcomes: |
|       |