

Forensic Navigator to Inpatient - Referral Information Form (RIF)

Client Information		
CLIENT'S NAME		DATE OF BIRTH
CLIENT'S HOUSING STATUS AND/OR ADDRESS		DATE RIF UNLOADED / SENT
Referent		
FORENSIC NAVIGATOR'S NAME	EMAIL	PHONE
Reason for Providing RIF		
<p>The State has identified an individual who is likely to be referred for a competency service again within the next six months. This individual has been ordered to an inpatient facility for competency restoration services and the role of the forensic navigator has ended. In an effort to keep this individual connected to as many outpatient forensic services as possible, as defined in the Trueblood Contempt Settlement Agreement, the forensic navigator is providing the following information related to all those services for which the client is eligible and to which the client has been referred by a forensic navigator, as of the date of the inpatient order. The client's attorney's contact information and any contact information for familial supports are also included.</p>		
Forensic Path (FPATH)		Date of FN Referral:
PROVIDER		ASSIGNED FPATH CASE MANAGER
EMAIL		EMAIL
PHONE		PHONE
Did a FPATH intake occur? <input type="checkbox"/> Yes <input type="checkbox"/> No		ADDITIONAL SUPPORT
Place:		
Forensic HARPS (FHARPS)		Date of FN Referral:
PROVIDER		ASSIGNED FHARPS CASE MANAGER
EMAIL		EMAIL
PHONE		PHONE
Did a FHARPS intake occur? <input type="checkbox"/> Yes <input type="checkbox"/> No		ADDITIONAL SUPPORT
Place:		
Other Outpatient Referrals / Supports		Date of FN Referral:
PROVIDER		OUTPATIENT CASE MANAGER
EMAIL		EMAIL
PHONE		PHONE
Did an intake occur? <input type="checkbox"/> Yes <input type="checkbox"/> No		ADDITIONAL SUPPORT
Place:		
Client's Defense Attorney		Familial Supports
NAME		NAME
EMAIL		EMAIL
PHONE		PHONE