



**Weekly Status Update**

<b>Identifying Information</b>				
CLIENT'S NAME			CAUSE NUMBER(S)	
OCRP CONTRACTOR		RESTORATION END DATE	LENGTH OF ORDER	
FORENSIC NAVIGATOR'S NAME		CURRENT ADDRESS		
RESIDENTIAL SETTING TYPE <b>Choose a setting type.</b>		OUTPATIENT BEHAVIORAL HEALTH PROVIDER AND MCO		
FHARPS <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, FHARPS PROVIDER'S NAME		FPATH <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, FPATH PROVIDER'S NAME		
<b>Identified Barriers to Competency - Summary</b>				
The symptoms below are from the Forensic Competency Evaluation and are identified as interfering with the client's competency. New symptoms may have been identified through the course of OCRP; and should also be reflected below.				
DESCRIPTION OF IDENTIFIED SYMPTOMS UNDERLYING CLIENT'S BARRIERS TO COMPETENCY	PROGRESS?		SYMPTOM PROGRESS UPDATE	NUMBER OF TREATMENT HOURS ASSOCIATED WITH SYMPTOM
	YES	NO		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
ATTENDANCE COMPLIANT <input type="checkbox"/> Yes <input type="checkbox"/> No PLEASE LIST MISSED SESSIONS:	MEDICATION COMPLIANT <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A PLEASE DESCRIBE:		SUD TREATMENT COMPLIANT <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A PLEASE DESCRIBE:	
<b>Early Request for Competency Evaluation</b>				
Request for early evaluation? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date of Early Evaluation:				
Basis of request for early evaluation: <input type="checkbox"/> Not restorable <input type="checkbox"/> Has met competency				
<b>Summary Narrative</b>				
STAFF COMPLETING FORM			DATE FORM COMPLETED	