Washington State Department of Social & Health Services
Transforming lives

BEHAVIORAL HEALTH ADMINISTRATION (BHA)

Outpatient Competency Restoration Program (OCRP) Transition Plan

Identifying Information	
PERSON'S NAME	CAUSE NUMBER(S)
ORDERING COURT	DATE OF OCRP ORDER SIGNATURE
OCRP PROVIDER	DATE OF OCRP INTAKE

Contact Information	NAME(S)	PHONE NUMBER(S)
Forensic Navigator		
OCRP Provider		
FHARPS Provider		
FPATH Provider		
Behavioral Health Provider		
Substance Use Disorder Provider		
Defense Counsel		
Other Support(s)		
Housing Location	ADDRESS	PHONE NUMBER

Five (5) Day Schedule

Day 1 TIME / ACTIVITY / PROVIDER	Day 2 TIME / ACTIVITY / PROVIDER	Day 3 TIME / ACTIVITY / PROVIDER	Day 4 TIME / ACTIVITY / PROVIDER	Day 5 TIME / ACTIVITY / PROVIDER

Included in Five (5) Day Schedule

- ☐ DSHS
- ☐ SSI / SSDI
- ☐ Phone
- ☐ Transportation
- ☐ Support services (food / clothing / supplies)
- ☐ Housing
- ☐ OCRP Intake
- ☐ Behavioral health intake
- ☐ Medication appointment scheduled
- ☐ Contact with providers (to include CPCs)
- ☐ Substance use disorder intake

Other Information

SAFETY CONCERNS, SPECIAL NEEDS, TECHNOLOGY NEEDS, LANGUAGE NEEDS, NATURAL SUPPORTS, HOBBIES)

PERSON COMPLETING FORM	DATE FORM COMPLETED