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|  | OFFICE OF FORENSIC MENTAL HEALTH SERVICES (OFMHS)  **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** | | | | |
| 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.  Individuals not currently eligible for FPATH / FHARPS services and is not current connected to any outpatient services / supports in the community. | | | | |
| **Forensic PATH (FPATH)** | | | **Date of FN Referral:** | |
| PROVIDER    EMAIL    PHONE    Did a FPATH intake occur?  Yes  No  Place: | | | ASSIGNED FPATH CASE MANAGER    EMAIL    PHONE    ADDITIONAL SUPPORT | |
| **Forensic HARPS (FHARPS)** | | | **Date of FN Referral:** | |
| PROVIDER    EMAIL    PHONE    Did a FHARPS intake occur?  Yes  No  Place: | | | ASSIGNED FHARPS CASE MANAGER    EMAIL    PHONE    ADDITIONAL SUPPORT | |
| **Other Outpatient Referrals / Supports** | | | **Date of FN Referral:** | |
| PROVIDER    EMAIL    PHONE    Did an intake occur?  Yes  No  Place: | | | OUTPATIENT CASE MANAGER    EMAIL    PHONE    ADDITIONAL SUPPORT | |
| **Client’s Defense Attorney** | | | **Familial Supports** | |
| NAME    EMAIL    PHONE | | | NAME    EMAIL    PHONE | |