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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:**  |
| PROVIDEREMAILPHONEDid a FPATH intake occur? [ ]  Yes [ ]  NoPlace:  | ASSIGNED FPATH CASE MANAGEREMAILPHONEADDITIONAL SUPPORT |
| **Forensic HARPS (FHARPS)** | **Date of FN Referral:** |
| PROVIDEREMAILPHONEDid a FHARPS intake occur? [ ]  Yes [ ]  NoPlace:  | ASSIGNED FHARPS CASE MANAGEREMAILPHONEADDITIONAL SUPPORT |
| **Other Outpatient Referrals / Supports** | **Date of FN Referral:** |
| PROVIDEREMAILPHONEDid an intake occur? [ ]  Yes [ ]  NoPlace:  | OUTPATIENT CASE MANAGEREMAILPHONEADDITIONAL SUPPORT |
| **Client’s Defense Attorney** | **Familial Supports** |
| NAMEEMAILPHONE | NAMEEMAILPHONE |