



**Individual Completing Referral**

Agency:

Referrer Name:

Relation to Candidate: Adult Residing with Candidate Adult Family Member of Candidate Director of Treating Agency Treating Mental Health Professional Candidates Assigned Peace Officer, Parole Officer, Probation Officer

Phone Number:

Fax:

Email:

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**AOT Candidate Information**

Last Name:

First Name:

SSN:

DOB:

Gender:

Primary Language(s):

Race/Ethnicity (Check all that Apply): Black Asian Native American/Alaskan Hispanic White/Non-Hispanic Unknown Other:

Current Living Situation: Homeless Shelter Hospitalized Living Independently Living with Family Jail/Correctional Facility Sober Living Psychiatric Facility Unknown Other:

Physical Address/Current Whereabouts:

Mailing Address:

Insurance: Medi-Cal Medicare Private Unknown None Other:

Benefits: GR VA SSI SSDI Unknown Other:

Any known Income: \$

Source:

Substance Use: Never Used Past Use Currently Uses Unknown

Substances Used and Frequency (If known):

SUD Treatment: None Past Currently in Treatment at:

Mental Health Diagnosis:

Mental Health Services Previously and/or Currently Being Received:

Behavioral health Compliance: Compliant Often Sometimes Rarely Never Refuses Meds None Prescribed Unknown

Will Candidate benefits from AOT Services?



	List Dates of Admission and Discharge	Describe Reason for Admission
No. Of Arrests in the Past 36 Months:		
No. Of Psych Hospitalizations in the past 36 Months:		

	List Dates	No. of Times Law Enforcement has been Called	Describe Reason for Admission
No. of Acts of Serious Violence Towards Self:			
No. of Acts of Serious Violence Towards Others			

Describe candidate's **IMMEDIATE RISK & SAFETY CONCERNS** and most concerning behavior that occurred including danger to self and others.

Describe how the candidate is **UNLIKELY TO SURVIVE SAFELY IN THE COMMUNITY WITHOUT SUPERVISION**

Describe the candidate's **HISTORY OF NON-COMPLIANCE WITH TREATMENT** (has been offered the opportunity to participate in treatment and fails to engage)