

**APALACHEE CENTER, INC
FACT REFERRAL FORM**

Date: _____ Referral Source (Agency Name): _____

Name of Referring Person: _____ Phone #: _____ Email: _____

Name of person being referred to FACT: _____ Client # (if applicable): _____

Address: _____

Phone(s) #: _____ SSN: _____ DOB: _____

Current Living Arrangements: Independent ALF Program _____ Other: _____

Current Outpatient Mental Health Provider/Phone (if applicable): _____

Legal Guardian Name/Phone (if applicable): _____

Main Language(s): English Spanish French/Creole Other: _____

Monthly Income: _____

Funding Sources: SSI SSDI Employment None Other: _____

Insurance: Medicaid # _____ Medicare # _____

Other: _____ Applied/Pending None

Legal Status: Competent Incompetent Forensic Status: NGI ITP N/A

Legal Guardian Name/Phone (if applicable): _____

Diagnosis: _____ **Current Medications:** _____

Reason for FACT Referral (Please explain why the referred individual requires more intensive services and increased level of care including current and previous needs and high risk behaviors):

Client reports a desire to be involved in the FACT program: Yes No

Admission Criteria:

A. For this referral to be considered, the individual must meet ONE of the following criteria:

- 1. Have more than three crisis stabilizations within one year Yes No
- 2. Have more than three episodes of criminal justice involvement within one year Yes No
- 3. High risk for hospital admission or readmission Yes No
- 4. History of prolonged inpatient stays of more than 90 days within one year Yes No
- 5. Referred from an inpatient detoxification unit with history of co-occurring disorders Yes No
- 6. Referred for aftercare services by one of the state's correctional institutions Yes No

B. AND the applicant must meet at least THREE of the following six characteristics:

- 1. Unable to consistently perform the range of ADL tasks except with significant support or assistance from others. Yes No
- 2. Unable to engage in regular productive activity such as employment, volunteer work, school, or homemaker responsibilities. Yes No
- 3. Unable to retain permanent housing due to repeated evictions or loss of housing. Yes No
- 4. Has a co-occurring Substance Abuse disorder of significant duration. Yes No
- 5. Exhibits destructive behavior to self or others. Yes No
- 6. Demonstrates high risk for legal involvement or has a recent legal history. Yes No

Indicate **ALL** other services the applicant has received for mental health in the past year (list all programs & outcomes as well as all hospitalizations/incarcerations for past year):

No – why? _____

*****PLEASE INCLUDE COLLATERAL INFORMATION TO PROVE CRITERIA HAS BEEN MET:** hospital admission and discharge summaries, medical records, psychiatric evaluations, etc.

*PLEASE NOTE THAT ADDITIONAL INFORMATION MAY BE REQUESTED PRIOR TO DETERMINATION OF ELIGIBILITY FOR FACT TEAM SERVICES. **PLEASE FAX COMPLETED FORM TO FACT AT (850) 523-3469.**