CoP REFERRAL PACKET PROCESSING CHECKLIST

Name: Click here to enter text.

Address: Click here to enter text.

DOB: Click here to enter text.

Diagnosis: Click here to enter text.

**High Risk Behaviors:**

Problematic Sexual Behavior/Sexual offending/Illegal Internet Use

History of Fire setting/Arson

Instrumental Violence/ high level of aggression

Other: (must note)

|  |  |  |  |
| --- | --- | --- | --- |
| PACKET CONTENTS | YES | NO | DATE/  INITIALS |
| CoP Referral letter including statements  (page 3 of this referral packet) |  |  |  |
| Comprehensive Risk Assessment  (or page 2 of this referral packet if a RA has not been completed yet) |  |  |  |
| Person Centered Risk Management Plan |  |  |  |
| Behavior plan  (only if there is NO Risk Management Plan) |  |  |  |
| Does the individual have ITS level funding  (no documentation required; just answer yes or no) |  |  |  |
| Statement of acceptance or non-acceptance by Intensive Services Program  (if non-acceptance; please provide a list of RFPs that have been sent and their responses) |  |  |  |
| Consent to enter program (from individual/guardian/court) |  |  |  |

**Referral Packet Data**

If a Comprehensive Risk Assessment and/or Person Centered Risk Management Plan *has not yet been performed for this individual*:

1) Mark the NO box with today’s date and your initials on cover sheet.

2) In the space below, ***explain the circumstances regarding risk factors and/or high risk behaviors from cover sheet for this individual.   
  
Note how the risk factors and/or behaviors correspond to the treatment intensity, intensive supervision and environmental supports in ITS programming. (How are the high risk behaviors observed through data, IRs. PSEs, Sentinel Events, etc)***Also please add your full name and the date.

Click here to enter text.

3) What environmental enhancements, staffing increases, or rights restrictions does the client need at present to mitigate risk (*note that these items will need to be in an RMP/HRC approved bx plan to be in place):*

Locked Sharps/ no access to weapons

Sprinkled setting/no access to incendiary materials

Alarms on egress   
 Alarms on bedroom

Internet restrictions  
 Frosted windows

Awake overnight staff

1:1 staffing ratio or higher (*note)*

Body/Room searches (include noted prohibited items for this and material screening)

Other (list here)

4) **Any current legal status:**

Pending charges

Committed under 171:B

On probation/parole

Registered sex offender

Insert agency logo

Date:

RE: CoP Cover Letter

To Community of Practice Members:

Please accept the attached referral packet regarding placement of [client name] for your review.

**Please consider the following as a statement of urgency for placement and supports needed;**

**Please consider the following as a statement of Ongoing/Returning care:**

[Agency name] is committed to serving [client name], coordinating his /her care and supporting him/her over the course of his/her upcoming transition (and future transitions). We are committed to collaborating with [program name] to ensure [client name] treatment and support needs are met.

Respectfully submitted,

Signature of Referral Author and Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Area Agency Executive Director or designee \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_