Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Screening Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time:\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location: [ ]  Community [ ]  Pre-Booking [ ]  Jail

**Section 1
Identifying Information**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Screener Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Officer Name/Badge #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOB:\_\_\_\_\_\_\_\_\_\_\_\_ Gender Identification: \_\_\_\_\_\_\_\_\_\_ Officer Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Past YLP Participant: Yes / No *(does not impact participation)*

**Section 2
Results**

 [ ] Mental Health Concerns *(Eligible for YLP – Complete Section 3)*  [ ] No Mental/Chemical Concerns *(Not eligible for YLP – end form here)*

 [ ] Chemical Health Concerns *(Eligible for YLP – Complete Section 3)* [ ] Refused Screening  *(Not eligible for YLP – end form here)*

**Section 3
Referral**

[ ]  YLP Brochure has been reviewed with individual

Is the individual requesting YLP Participation? [ ]  Yes *(go to next question)* [ ]  No *(end form here)*

Is law enforcement referring the individual for YLP Participation? [ ]  Yes *(complete Section 4)*  [ ]  No *(end form here)*

Is there a possible alternative placement option to incarceration, or a need for urgent crisis services?
*(i.e. mobile crisis, hospital, detox, crisis center, responsible party, or other)*

**Section 4
 Placement Options**

[ ]  Yes *(indicate details in box below)* [ ]  No

Officer initials one of the following: \_\_\_\_\_ N/A

**Section 5
Legal Charges**

\_\_\_\_\_ Pending – Release and Refer to YLP \_\_\_\_\_ Prints and Photos Only

\_\_\_\_\_ LOT/Citation – Release and Refer to YLP \_\_\_\_\_ Book into Jail with Referral to YLP *(check appropriate box below)* [ ]  Charge is a Mandatory Hold [ ]  Not a Mandatory Hold

By signing this referral and application for services:

[ ]  I understand all the **participation expectations** for the Blue Earth County Yellow Line Project, and that services provided are short-term in nature, averaging for approximately 2 months from the date of referral and application.

[ ]  I agree to **hold harmless** Blue Earth County, its officers, employees, agents, the Sheriff’s Office, Law Enforcement Agency, and any community service agency or individuals from any and all actions, causes of action or any claims whatsoever, which may arise out of participation in the Blue Earth County Yellow Line Project.

[ ]  I understand that the Community Based Coordinator will **notify the officer** of my participation, or lack thereof, in the Yellow Line Project.

[ ]  I have read and understand the **Notice of Privacy Practices** and **Bill of Rights**. *(copies provided by Screener)* .

[ ]  **I understand that I have been screened as ELIGIBLE for the Yellow Line Project, but that I need to meet with a Community Based Coordinator in order to be ENROLLED. I understand that it is my responsibility to call and leave a message with the Community Based Coordinator at (507) 304-4856 or (507) 304-4857 within 24 hours to set up my appointment.**

Participant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section 6
Application for Services**

Officer Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Screener Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_