## **BLUE EARTH COUNTY YELLOW LINE PROJECT**

## **Screening Results and Referral Form**

L.E. Agency:

ICR#:

Section 1		Name		Location: Community Jail Pre-Booking						
	nation	Address:		Officer Name/Badge #:						
	Identifying Information			Officer Email Address:						
		Phone:		Date:			Time:			
		OOB: Gender Identification		1:	Race:					
Section 2	Results	<ul> <li>□ Chemical Health Concerns (Eligible for YLP – Complete Section 3)</li> <li>□ Mental Health Concerns (Eligible for YLP – Complete Section 3)</li> <li>□ Declined Services / No Contact Made</li> </ul>							nere)	
Section 3	YLP Brochure has been reviewed with individual?  Yes No									
	-	Is the individual requesting YLP Participation?								
	-	Information and Referral Only								
	Referral	Referral Eligibility Determination (Community-Based Coordinator completes this section)								
	Ref	☐ Alternative placement/prints, photo	s, release	☐ Not e	ligible		Street	-level re	eferral	
		Exception (describe):			☐ Short-term jail option ☐ Detox					
		☐ Community Reentry								
Section 4		By signing this referral and application for services:								
		☐ I understand all the <b>participation expectations</b> 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, a community service agency or individuals from any and all actions, causes of action or any claims whatsoever, which may arise or participation in the Blue Earth County Yellow Line Project.  I have read and understand the Notice of Privacy Practices and Client Bill of Rights. (copies provided by Screener)							jency, and	l any	
								arise out o	of	
	ation f	participation in the Blue Earth County Yellow Line Project.								
	Applic	☐ I have read and understand the Notice of Privacy Practices and Client 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) 304-4829 or (507) 304-4857 within 24 hours to set u									ge with th	
Participant Signature:					Date:			Сору	Accep	
Screener Signature:					Date:					
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