|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Section 1**  **Identifying Information** | Name | | Location:  Community  Jail  Pre-Booking | | | | |
| Address: | | Officer Name/Badge #: | | | | |
| Officer Email Address: | | | | |
| Phone: | | Date: | | | Time: | |
| DOB: | Gender Identification: | | | Race: | | |
| **Section 2 Results** | Chemical Health Concerns *(Eligible for YLP – Complete Section 3)*  Mental Health Concerns *(Eligible for YLP – Complete Section 3)* | | No Mental/Chemical Concerns *(Not eligible for YLP – end form here)*  Declined Services / No Contact Made | | | | |
| **Section 3**  **Referral** | YLP Brochure has been reviewed with individual?  Yes  No | | | | | | |
| Is the individual requesting YLP Participation?  Yes No | | | | | | |
| Information and Referral Only  YesNo | | | | | | |
| **Referral Eligibility Determination *(Community-Based Coordinator completes this section)***  Alternative placement/prints, photos, release  Not eligible  Street-level referral  Exception (describe):  Short-term jail option  Detox  Community Reentry | | | | | | |
| **Section 4**  **Application for Services** | 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 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 up my appointment.** | | | | | | |
| Participant Signature: | | | | Date: | | | Copy  Accepted  Declined |
| Screener Signature: | | | | Date: | | | |

JS/, 4/23, N:/WP/Data/YLP - Screening Results & Referral Form.docx