BLUE EARTH COUNTY YELLOW LINE PROJECT

Screening Results and Referral Form

		L.E. Agency	ICR#
Identifying Information	Name:	Screening Date:	Time:
	Address:	Location: Community	☐ Pre-Booking ☐ Jail
		Screener Name:	
	Phone:	Officer Name/Badge #:	
	DOB: Gender Identification:	Officer Email Address:	
	Past YLP Participant: Yes / No (does not impact participation)		
Results	☐ Mental Health Concerns (Eligible for YLP – Complete Section 3)	□No Mental/Chemical Cond	Cerns (Not eligible for YLP – end form here)
	□ Chemical Health Concerns (Eligible for YLP – Complete Section 3)	□ Refused Screening (Not el	igible for YLP – end form here)
Referral	☐ YLP Brochure has been reviewed with individual		
	Is the individual requesting YLP Participation?	☐ Yes (go to nex	t question) \text{NO (end form here)}
	Is law enforcement referring the individual for YLP Particip	pation?	Section 4)
Section 4 Placement Options	Is there a possible alternative placement option to incarce (i.e. mobile crisis, hospital, detox, crisis center, responsible party		sis services?
	☐ Yes (indicate details in box below) ☐ No		
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Legal Charges	Officer initials one of the following:	N/A	
	Pending – Release and Refer to YLP	Prints and Photos Only	
	LOT/Citation – Release and Refer to YLP I	Book into Jail with Referral to \ ☐ Charge is a Mandatory Hold	
Section o Application for Services	By signing this referral and application for services:		
	☐ I understand all the <u>participation expectations</u> 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 <u>notify the officer</u> 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:
	Officer Signature:		Date:
	Screener Signature:		Date:
		YELL	OW LINE