|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Section 1**  **Identifying Information** | Name | | Location:  Community  Pre-Booking  Jail | | | | |
| Address: | | Officer Name/Badge #: | | | | |
| Officer Email Address: | | | | |
| Phone: | | Date: | | | Time: | |
| DOB: | Gender Identification: | | | Race: | | |
| **Section 2 Results** | Mental Health Concerns *(Eligible for YLP – Complete Section 3)*  Chemical Health Concerns *(Eligible for YLP – Complete Section 3)* | | No Mental/Chemical Concerns *(Not eligible for YLP – end form here)*  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)* | | | | | | |
| **Referral Eligibility Determination *(Community-Based Coordinator completes this section)***  Alternative placement/prints, photos, release  Not eligible  Street-level referral  Short-term jail option  Exceptions (describe): | | | | | | |
| **Section 4**  **Placement Options** | 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)*  Yes *(indicate details in box below)*  No | | | | | | |
|  | | | | | | |
| **Section 5**  **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 Book into Jail with Referral to YLP *(check appropriate box below)*  Charge is a mandatory hold  Not a mandatory hold | | | | | | |
| **Section 6**  **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 understand that the Community Based Coordinator may **notify the officer and/or the County Attorney** of my participation, or lack thereof, in the 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) 304-4856 or (507) 304-4857 within 24 hours to set up my appointment.** | | | | | | |
| Participant Signature: | | | | Date: | | | Copy  Accepted  Declined |
| Officer Signature: | | | | Date: | | | Copy  Accepted  Declined |
| Screener Signature: | | | | Date: | | | |

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