



Thank you for your referral for CTI Services. All Referrals MUST be filled out completely; missing or incomplete sections may result in a delayed response. Please fax completed referral, current psych evaluation, & consent to release to CTI to 610-279-6191 or Kristin.Framo@RHD.org

RHD – Critical Time Intervention Referral Form

Name of Individual Referred	Date	SS/ID#
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DOB: _____ **Age:** _____ (must be 18 or over)

Gender Pronouns Preferred (*i.e. She, Her, Hers/ He, Him, His/ They, Them. Theirs*): _____

Address: _____

Phone and/or other Contact information #(s): _____

Veteran Status: _____

Insurance(s): _____

Please list other service/supports client is currently receiving:

****Please note: if client is currently connected to other case management services (Recovery Coaching, Starting Point, Justice Related Services etc.) they cannot have CTI, in addition due to billing regulations. Please inform our Outreach Coordinator if you are aware that client has other case management services currently.***

Eligibility: In order to qualify for CTI Services, client must have a *PRIMARY* MH diagnosis (DSM-5) **AND** criterion B homeless or be authorized for services by County exception. Criterion C, D, & E will be considered on an individual basis. Priority is given to CHOC shelter residents and individuals who are literally homeless.

A. Diagnosis: _____

WHODAS or other rating scale score _____





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- B. **Literally Homeless:** Sleeping in shelters, places not meant for human habitation, e.g. cars, streets, abandoned buildings, storage units.
- C. **Imminent Homelessness:** house has been condemned or has verified serious housing code violations, inadequate heating, plumbing or cooking facilities, received eviction notice, payment for current rent or housing is more than 50% of income, downward spiral of a financial or medical crisis, debt or loss of a job(s) or poor money management.
- D. **Precariously Housed- “Doubling” (i.e. couch surfing):** They lack the resources or support networks needed to obtain permanent housing (exhausted all family/social supports); frequent moves that can be expected to continue due to chronic disabilities, physical, mental health, or substance abuse, histories of domestic violence or multiple barriers to employment; overcrowded conditions in own housing unit (1.5 or more persons/room); not on the lease.
- E. **Release from criminal detention** (maybe completed or *if pending, date _____*)
only considered if they will be homeless upon release

Co-Existing Conditions or Circumstances (Check ALL that apply)

- Substance Use Disorder Intellectual or Developmental Disability
- HIV/AIDS Physical Disability

Is there any known history of violence by the client against people, animals or property? **If yes, please describe below.**

In an effort to resist re-traumatization, has the client identified any specific triggers that CTI staff should be aware of? **If yes, please describe below.**

Treatment History (AT LEAST 1 CRITERIA MUST APPLY; GIVE DATES/LOCATION)





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Client met standards for involuntary inpatient treatment within past 12 months
(List Dates & Placement) _____

Current residence in or discharge from state mental hospital within past 12 months
(List Dates) _____

6 or more days of psychiatric treatment within the past 12 months **(List Dates & Placement)**

2 or more face-to-face encounters with crisis or emergency services within past 12 months
(List Dates) _____

At least 3 missed Community Mental Health service appointments within the past month

The consumer has not maintained his/her medication regimen for a period of at least 30 days

Currently receiving or in need of mental health services and receiving **OR** in need or services from 2 or more Human Service agencies or public systems such as Substance Use Services, Vocational Rehab, Criminal Justice, etc.

VI. Referral Source Contact Information

Name

Title

Agency

Phone

E-Mail

Fax

