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| **CONSUMER INFORMATION:  ALLEGED VICTIM (AV)  ALLEGED PERPETRATOR (AP)** | | |
| **First Name**: Click or tap here to enter text. | | **Last Name**: Click or tap here to enter text. |
| **Date of Birth**: Click or tap here to enter text. | | **Gender**: Click or tap here to enter text. |
| **Home Address**: Click or tap here to enter text. | | **Residential Level of Care** *(If applicable):*  A+  A  B |
| **Type of Service(s) Received**:  Mental Health  SUD | | **ASAM Level of Care** *(If applicable):* Choose an item |
| **List Service(s) Received:** Click or tap here to enter text. | | **Type of CSS** *(If applicable):* Choose an item |
| **The service(s) identified above are**  Licensed  Contracted | | **DDD Consumer**: Yes No  **Support Coordinator Name/Agency**: Click or tap here to enter text. |
| **ICD 10 MH/SUD Diagnoses Code**: Click or tap here to enter text. | | |
| **Psychiatric/MAT Medications:** Click or tap here to enter text. | | |
| **ICD 10 Medical Diagnosis Code**: Click or tap here to enter text. | | |
| **Medical Medications**: Click or tap here to enter text. | | |
| **Legal/Criminal Status**:  Yes  No | **Type**:  KROL  Recovery Court  Parole  Probation  Megan’s Law  Detainer  IST  IOC | |
| Was the consumer discharged from any inpatient or outpatient mental health or substance use treatment within the last 30 days?  Yes  No If yes, please identify the facility and the date of discharge: Click or tap here to enter text. | | |

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| **MH/SUD SERVICE(S) PROVIDED *(include additional providers, if applicable)*** | | |
| **SERVICE 1** | **SERVICE 2** | **SERVICE 3** |
| **Provider Name**: Click or tap here to enter text. | **Provider Name**: Click or tap here to enter text. | **Provider Name**: Click or tap here to enter text. |
| **Date of Admission**: Click or tap here to enter text. | **Date of Admission**: Click or tap here to enter text. | **Date of Admission**: Click or tap here to enter text. |
| **Service**: Click or tap here to enter text. | **Service**: Click or tap here to enter text. | **Service**: Click or tap here to enter text. |
| **Scheduled Days & Hours**: Click or tap here to enter text. | **Scheduled Days & Hours**: Click or tap here to enter text. | **Scheduled Days & Hours**: Click or tap here to enter text. |
| **Seen as Scheduled**  Yes  No | **Seen as Scheduled**  Yes  No | **Seen as Scheduled**  Yes  No |
| **Date last seen (prior to incident)**:  Click or tap here to enter text. | **Date last seen (prior to incident)**:  Click or tap here to enter text. | **Date last seen (prior to incident)**:  Click or tap here to enter text. |
| Additional Comments: Click or tap here to enter text. | | |

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| **STAFF ALLEGED PERPETRATOR (AP) INFORMATION *(if applicable)*** | |
| **Full Name**: Click or tap here to enter text. | **Title**: Click or tap here to enter text. |
| **Is this staff Licensed/Certified?** Yes No | **License/Certification Type & Number** *(if applicable)*: Click or tap here to enter text. |

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| **STAFF ALLEGED PERPETRATOR (AP) INFORMATION *(if applicable)*** | |
| **Full Name**: Click or tap here to enter text. | **Title**: Click or tap here to enter text. |
| **Is this staff Licensed/Certified?** Yes No | **License/Certification Type & Number** *(if applicable)*: Click or tap here to enter text. |