



**Assertive Community Treatment
Referral Form**

Name: _____ **DOB:** _____ **SSN:** _____

Address/location: _____ **Phone:** _____

Family/support name: _____ **Phone:** _____

Medicaid # _____ **Medicare #** _____ **Private Insurance#** _____

Admission Criteria:

A. The individual diagnoses:

- Schizophrenia
- Schizoaffective Disorder
- Bipolar disorder
- Major depressive disorder with psychosis
- Unknown

B. Criminal Justice:

- At least 8 incarcerations during the past 3 years in Hamilton County Tennessee
- Unknown

C. Please indicate the current category of homelessness based on the US Department of Housing and Urban Developments (HUDS) 4 Categories:

Category 1: Literally Homeless- Individual or family who lacks a fixed, regular, and adequate nighttime residence meaning- 1) has a primary nighttime residence that is a public or private place not meant for human habitation, 2) is living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing and hotels and motels paid for by charitable orgs or federal, state, and local government programs, or 3) Is existing in an institution where s/he has resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution.

Category 2: Individual or family who will imminently lose their primary nighttime residence, provided that: 1) residence will be lost within 14 days of the date of application for homeless assistance, 2) no subsequent residence has been identified, 3) the individual or family lacks the resources or support networks needed to obtain other permanent housing.

Category 3: Homeless under other Federal statutes-Unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless under this definition, but who: 1) are defined as homeless under the other listed federal statutes, 2) have not had a lease ownership, interest, or occupancy agreement in permanent housing during the 50 days prior to the homeless assistance application, 3) have experienced persistent instability as



measured by two moves or more during in the preceding 60 days, 4) can be expected to continue in such status for an extended period of time due to special needs or barriers.

Category 4: Fleeing/Attempting to Flee Domestic Violence-Any individual or family who-1) is fleeing, or is attempting to flee, domestic violence, 2) has no other residence, 3) lacks the resources or support networks to obtain other permanent housing.

Please attach supporting documentation if available including:

- psychiatric evaluation/psychosocial assessment
- medication records

Comments:

Referral completed by: _____ Date: _____

Organization: _____

Contact number: _____ E-mail address: _____

Please submit to: TNACTReferrals@rhd.org

RHD DECISION:

Date:

Individual meets criteria and will be admitted to the ACT Team
Individual is not being admitted due to the following reason:

- Not clinically appropriate
- Not homeless
- Does not meet legal criteria
- Refused services
- Unable to locate

Comments: