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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. |