



## Police Department Community Outreach Intake Form



Date of Incident:	Time of Incident:	Incident #:	
Date Given to JDP:	Nature of Call:	JDP Incident #:	
<input type="checkbox"/> Mental Health	<input type="checkbox"/> Substance Use	<input type="checkbox"/> Dual Diagnosis	

### Personal Information

Full Name: \_\_\_\_\_  
Last                      First                      MI.

Address: \_\_\_\_\_  
Street Address                      State                      Zip Code

Primary Phone: (\_\_\_\_) \_\_\_\_\_      Age: \_\_\_\_\_      Gender: \_\_\_\_\_

Secondary Phone: (\_\_\_\_) \_\_\_\_\_      Veteran:  Yes  No      Race: \_\_\_\_\_

### Possible Charges Yes No

Was Custody Diverted?  Yes  No

Were Charges Diverted?  Yes  No

List Possible Charges Here Whether Diverted or Not: \_\_\_\_\_

### Insurance Information (for JDP use only)

Uninsured       Medicare       MC (Medicaid/Mass Health)       Private       VA Benefits

### Substance Use Disorder

At the time of the call is the client under the influence?  Yes  No

Opioids                       Alcohol                       Other: \_\_\_\_\_

Cocaine (Crack/Powder)       Prescription Medication      Treatment History:  Yes  No

### Psycho-Social Information

Living Arrangements:  
 Assisted Care     Group Home     Homeless     Permanent Residence     Shelter/Temp

Resides With:  Parent     Spouse     Roommate     Self

Employment:  
 Full-Time     Part-Time     Retired     Receive Benefits     Student     Unemployed

### Assessment and Outcome

<input type="checkbox"/> JDP Co-Response	<input type="checkbox"/> MHFA Officer Assessment	<input type="checkbox"/> CIT Officer Assessment
<input type="checkbox"/> Section 12 <input type="checkbox"/> Lahey	<input type="checkbox"/> ESP/Mobile Crisis Eval	<input type="checkbox"/> Outpatient
<input type="checkbox"/> LGH <input type="checkbox"/> LGH -Saints	<input type="checkbox"/> Inpatient	<input type="checkbox"/> Community Outreach
<input type="checkbox"/> Section 18	<input type="checkbox"/> Detox	<input type="checkbox"/> Family Support
<input type="checkbox"/> Section 35		

Did not Respond with  1<sup>st</sup> attempt                       2<sup>nd</sup> attempt                       visit

Clinical Notes: \_\_\_\_\_

\_\_\_\_\_