



# Monmouth County Prosecutor's Office

## Veterans Diversion Program – Referral Form

		MCPO Case No.
Defendant Name:	Address:	DOB:
Name of Person Making Referral:	Phone No. of Person Making Referral:	Relationship to Def.:
Defense Attorney Name:	Defense Attorney Phone No.:	
<b>Health Insurance Information:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No      If Yes: <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Private		
<b>Living Arrangement Information:</b> <input type="checkbox"/> Own house/apt <input type="checkbox"/> With Family <input type="checkbox"/> Section 8 <input type="checkbox"/> Boarding Home <input type="checkbox"/> Temp. Shelter <input type="checkbox"/> Homeless <input type="checkbox"/> Other   Explain: _____		
1. Suspected Mental Illness:		
2. Suspected Substance Abuse Issue:		
3. Has Defendant even been <i>diagnosed</i> * by a medical/mental health professional: <input type="checkbox"/> Yes <input type="checkbox"/> No Diagnosis: _____      Date: _____ <small>*Applicants must provide proof of an <b>AXIS I</b> severe and persistent mental health diagnosis to be accepted into this program.</small>		
4. Has Defendant ever been prescribed medication for mental illness? <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____      Prescribing Doctor: _____      Phone No. _____ Medication name(s): _____		
5. Emergency Crisis Screening: : <input type="checkbox"/> Yes <input type="checkbox"/> No    Where: _____ Dates: _____ Discharge Recommendations: _____ _____ _____ _____		



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### Referral Form Continued

6. Hospitalizations:  Yes  No Where: \_\_\_\_\_

Dates: \_\_\_\_\_

Discharge Recommendations: \_\_\_\_\_

\_\_\_\_\_

7. Has the defendant ever been linked with a case management service?  Yes  No

Dates: \_\_\_\_\_

County: \_\_\_\_\_

CJS  ICMS  PATH  PACT  VA  Other \_\_\_\_\_

8. List all past and present Psychiatric/Substance Abuse Treatment (including inpatient, day programs, therapy, etc.). Include names, contact information and dates of service:

9. Present problems / Reasons for referral: **\*\*Required\*\***

#### Veterans Diversion Program Initiative Use Only

Date Received: \_\_\_\_\_

Mon VDP Acceptance :  Yes  No

Final Decision Date: \_\_\_\_\_

Date sent to defense counsel: \_\_\_\_\_

AP Reviewing: