



Link 2 Care Referral & Follow-Up Form

Link2Care@mcponj.org

Today's Date: Click here to enter text.

Initial Referral

ARRIVE Follow-up

Referring Officer's or Agency's Information

Officer's Name/Agency's Representative: Click here to enter text.

Police Department/Agency: Click here to enter text.

Contact Information (Email and Phone Number): Click here to enter text.

Resident's Information

Resident's Name: Click here to enter text.

Spillman Number: Click here to enter text. Date of Birth: Click here to enter text.

Address: Click here to enter text.

If no housing, areas most frequented: Click here to enter text.

Phone Number: Click here to enter text. Email: Click here to enter text.

Emergency Contact (Include name, relationship and number): Click here to enter text.

Link to Care Criteria: Select the criteria that applies.

- Appearance of mental health issues/special needs (CPC)
- Frequent and ongoing police contact (CPC)
- Increased risk or ongoing risk of imminent dangerousness to self, others, property, and/or law enforcement (CPC to consult PESS)
- High probability that law enforcement will have to utilize use of force measures (CPC to consult PESS)
- Past or current mental health treatment didn't help/isn't helping (CPC)
- This person is a potential suspect in a criminal case (CPC)
- This person is experiencing homelessness, has appearance of mental health issues/special needs (MHA)

Agencies Involved: If known, select the agencies the resident has already been referred to.

- CPC Integrated Health (CPC) Psychiatric Emergency Screening Services (PESS)
- Early Intervention Support Services (EISS) Monmouth County Social Services
- Mental Health Association of Monmouth County (MHA)
- Probation Parole Other Click here to enter text. None

Brief Narrative: Detail previous incidents and measures taken to assist the individual.

Click here to enter text.