



# Assertive Community Treatment (ACT) referral

Please complete all fields to facilitate eligibility determination; please also attach medical records with mental health diagnostic justification. **Medical records are required to process all referrals.**

Referral date \_\_\_\_\_

Fax, mail, or **secure** email completed form to:  
ACT Team JAMHI Health and Wellness  
3406 Glacier Hwy Juneau, AK, 99801  
**Fax:** 907-463-6879 **Phone:** 907-463-6878  
**E-Mail:** [ACTgroup@jamhi.org](mailto:ACTgroup@jamhi.org)

## Demographics

Name: Last	First	HMIS ID	
Gender	DOB	Phone	Primary language
Current location/address (specify floor/ward if hospital or jail)		Permanent address	<input type="checkbox"/> needs housing
<input type="checkbox"/> Medicaid <input type="checkbox"/> Spenddown (amount, if applicable:     )			
<input type="checkbox"/> Medicare <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D(     ) <input type="checkbox"/> Other(     )			
Person completing referral phone                      email		Organization Position/relationship to individual	
<input type="checkbox"/> Guardian, name                      phone		<input type="checkbox"/> DOC supervision <input type="checkbox"/> Parole, name                      phone	
Income amount <input type="checkbox"/> SSI <input type="checkbox"/> SSDI <input type="checkbox"/> APA <input type="checkbox"/> Other (specify     )			

## Clinical Information

Outpatient provider	Care Coordinator Contact	<input type="checkbox"/> current <input type="checkbox"/> previous
		<input type="checkbox"/> consulted about this referral

Diagnoses (Include Mental Health and Substance Use Disorders in Behavioral Health.)  
*Remember to attach supporting diagnostic documentation (medical records: intake, psychosocial, psychiatric assessment, or recent discharge summary. **MEDICAL RECORDS ARE REQUIRED TO PROCESS REFERRALS.**)*

Behavioral Health
Medical
Describe current symptom presentation/clinical synopsis:

Please note, **to be eligible for ACT an individual must have a primary diagnosis of a severe and persistent mental illness.** Eligible diagnoses include schizophrenia, schizoaffective disorder, other psychotic disorders, and mood disorders (bipolar/depression) with psychotic features, with demonstrated need for intensive support.

## Eligibility Criteria

**The individual experiences significant functional impairments due to mental illness as demonstrated by the following conditions: Please check all that apply and explain in narrative below, attach supplemental documentation as available. (ex. LOCUS, DLA-20, Integrated Behavioral Health assessment)**

- Significant difficulty maintaining consistent employment at a self-sustaining level
- Significant difficulty consistently fulfilling head-of-household role (e.g., household meal preparation, washing clothes, budgeting, or child-care tasks and responsibilities)
- Significant difficulty in consistently performing the range of practical daily living tasks required for basic adult functioning in the community (e.g., caring for personal business affairs; obtaining medical, legal, and housing services; recognizing and avoiding common dangers or hazards to self and possessions; meeting nutritional needs; maintaining personal hygiene)
- Persistent or recurrent difficulty performing daily living tasks except with significant support or assistance from others such as friends, family, or relatives
- Significant difficulty maintaining a safe living situation (e.g. repeatedly forgetting to turn stove burners off; excessive hoarding; consistently unsanitary conditions due to uncollected garbage, food scraps and other waste material)

**Continuous high-service needs due to mental illness demonstrated by the following: (please check all that apply and explain in narrative below under 'Needs/Supports')**

- High use of psychiatric hospitals (e.g., two or more admissions per year)

Hospital / Location	Admitting reason	Involuntary	Dates
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	

- Intractable (i.e., persistent or very recurrent) severe major symptoms (e.g., affective, psychotic, suicidal)
- Co-occurring substance use disorder of significant duration (e.g., greater than six months)
- High risk or recent history of criminal justice involvement (e.g., arrest and incarceration)

Correctional Facility / Location	Charge/notes	Dates

- Significant difficulty meeting basic survival needs or residing in substandard housing, homelessness
- At imminent risk of becoming homeless (e.g., repeated evictions or loss of housing)
- Residing in an inpatient or supervised community residence and clinically assessed to be able to live in a more independent living situation if intensive services are provided
- Difficulty effectively utilizing traditional office-based outpatient services or other less intensive programs

## Needs/Supports

Please describe the individual's need for ACT services. What specific supports are needed and how have other levels of care not met these needs? Please address any current assistance the individual may need to perform daily living and household tasks or maintaining safety if those are indicated above.

What are the individual's preferences or goals? What supports does the individual identify as helpful?

Please indicate the area where the individual resides or plans to live upon discharge/release

- Glory Hall Emergency Shelter
- Area of Juneau \_\_\_\_\_
- Transitional Living \_\_\_\_\_
- Other or no preference ( )