

Insight Respite Referral

Referring person's name: _____ Contact # _____ Date: _____

Is the candidate open to **NCBH/TP/ASOC**? If yes, circle one. **If no, please send ER assessment or hospital records**

Candidates Name: _____ DOB: _____

Candidates contact information: _____

Why is the referral being made? _____

What is the candidate's current address? _____

Who are the candidate's supporters (family, friends, and service coordinator/psc)? _____

Has the candidate used Insight Respite in the past? _____ If yes, how long ago? _____

What type of insurance does candidate have at this time? Circle any that apply.

MediCal **CMSP** **Medicare** **Private** **None**

Is the candidate currently seeing a psychiatrist and if so, who is the provider? _____

Is the candidate taking any medications at this time and if so, what? _____

Has the candidate recently been seen at the ER? _____

Eligibility Checklist (you must read and check off all that apply before going forward)

- 18 and over
- Has an MI or experiencing first episode or re-emergence of break
- Not under the influence of drugs and or alcohol, this includes "medicinal marijuana"
- Staff have met with BH or TP nurse to review need for medication caddy
- Medically Stable
- Able to maintain personal hygiene
- Can prepare own meals and clean up after
- Can sign and understand documents
- Willing to follow house rules
- Have a place to return to once they are stable
- Faxed and email, as indicated below
- Assessed and approved by the Access Team, Program Manager or Supervisor

If Candidate meets eligibility, they will be seen by an intake worker within 24 hours.

Please submit fax this form to Nevada County Behavioral Health Access worker at (530) 271-0257 and email, If possible, to Darryl.Quinn@co.nevada.ca.us and Suzanne.McMaster@co.nevada.ca.us You can also deliver it to Nevada County Behavioral Health, 500 Crown Point Circle, Suite 120, Grass Valley, CA 95945