

The CMHS Jail Diversion Targeted Capacity Expansion Initiative

PERSON TRACKING PROGRAM INFORMATION FORM * REVISED MAY 2006

***DO NOT SUBMIT THIS FORM TO THE TAPA CENTER - FOR SITE USE ONLY.**

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0277. Public reporting burden for this collection of information is estimated to average 1,373 hours per client per year, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to SAMHSA Reports Clearance Officer, 1 Choke Cherry Road, Room 7-1044, Rockville, Maryland, 20857.

TAPA Jail Diversion TCE Initiative
Baseline Person Tracking Program Information Form*

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Baseline Person Tracking Program Information Form*

1. Site Code: _____ 2. Study ID: _____ - _____ _____ [Enter site code and program # ONLY]
(Site Code)(Prog#) (Subject ID#)
3. Study Status (check one): Active Completed Dropped Refused Consent Pending
4. Informed Consent Date: ____/____/____
5. Informed Consent Status (check one): Granted Refused [If Refused, Skip to #9] Pending

****ONLY COMPLETE QUESTIONS 6-8 IF INFORMED CONSENT WAS GRANTED****

6. Name: _____
(First) (Middle) (Last) (Maiden) (Alias)

7. Date of Birth: ____/____/____

8. Address as of: ____/____/____

Street Address: _____

City/State/Zip: _____/_____/_____

Day Phone: (____) _____ - _____ Ext. _____

Evening Phone: (____) _____ - _____ Ext. _____

Address as of: ____/____/____

Street Address: _____

City/State/Zip: _____/_____/_____

Day Phone: (____) _____ - _____ Ext. _____

Evening Phone: (____) _____ - _____ Ext. _____

9. Age: _____ 10. Sex (check one): Male Female Other

11A. Hispanic or Latino(a): Yes No

11B. Race (select one or more):

American Indian Alaska Native Asian Black or African American

Hawaiian Native/Other Pac Islander White

12. Primary Diagnosis (check one):

PTSD DESNOS Other Axis II Schizophrenia Spectrum

Bipolar Disorder Depressive Disorder Substance Use Disorder

Pending Other (specify): _____

13. Target Arrest/Incident Date: ____/____/____

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14. Most Serious Charge (*check one*):

- Drug Offenses Minor Offenses Property Offenses
- Other Crime Against Person Potentially Violent Offense Violent Offenses
- Sex Offenses Pending

15. Charge Level (*check one*):

- Misdemeanor Felony Violation Technical Violation Pending

16. Release Date (if applicable): ___/___/___ ___ ___ ___ *[If Not Applicable, enter 01/01/2001]*

17. Date Enrolled in Program: ___/___/___ ___ ___ ___

18. Diversion Point (*check one*):

- Pre-booking Post-booking Parole/probation violation Pending

19. Condition of Diversion:

- Charges dropped Charges not filed Condition of bail
- Deferred prosecution Condition of probation Deferred sentencing
- Pending Other (specify): _____

20. Spanish Interview

- Yes No

****ONLY COMPLETE CONTACTS IF INFORMED CONSENT WAS GRANTED****

CONTACTS:

Name:

Phone Number:

Comments:

Name:

Phone Number:

Comments:

OTHER COMMENTS:

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