

CMHS Jail Diversion and Trauma Recovery Initiative Priority to Veterans

PERSON TRACKING PROGRAM INFORMATION FORM 2.19.09

***DO NOT SUBMIT THIS FORM TO THE AHP - 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 6 minutes per respondent, 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 2-1057, Rockville, Maryland, 20857.

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**CMHS Jail Diversion and Trauma Recovery Initiative-Priority to Veterans
Baseline Person Tracking Program Information**

1.	Study ID#: _____ - _____ - _____ - _____ (Site Code) (Prog #) (Grp #) (Subject ID #)
2.	Study Status (circle one) 1. Active 2. Completed 3. Dropped 4. Refused Consent 5. Pending
3.	Informed Consent Date _____/_____/_____ Month Day Year
4.	Informed Consent Status (circle one) 1. Granted 2. Refused 3. Pending
ONLY COMPLETE ITEMS 5-6 IF INFORMED CONSENT WAS GRANTED	
5.	Name: _____ First Middle Last Maiden Nickname
6.	Address Street: _____ City/State/Zip: _____ Phone: _____ Cell Phone: _____
7.	Date of Birth _____/_____/_____ Month Day Year
8.	Age _____
9.	Sex (circle one) 1. Male 2. Female 3. Other
9.	Hispanic or Latino (circle one) 1. Yes 2. No
10.	Served in US Military- past or current (circle one) 2. Yes 2. No
11.	Race (select one or more) 1. American Indian 4. Black or African American 2. Alaska Native 5. Native Hawaiian or other Pacific 3. Asian Islander 6. White

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12.	Primary Diagnosis <i>(circle one)</i>	1. PTSD 2. DESNOS 3. Bipolar Disorder 4. Depressive Disorder	5. Other Axis II 6. Substance Use Disorder 7. Schizophrenia Spectrum 8. Pending 9 Other (Specify:_____)
13.	Target Arrest/Incident Date	_____/_____/_____ Month Day Year	
13.	Most Serious charge Category -or charge most likely to be pursued if individual was arrested. <i>(circle one)</i>	1. Crimes Against Persons (Violence) 2. Crimes Against Persons (Other) 3. Property Crime	4. Alcohol or Drug Related Offense 5. Major Motor Vehicle (excluding DUI/DWI) 6. Public Order 7. Other, specify_____
14.	Charge Level <i>(circle one)</i>	1- Felony 2 -Misdemeanor 3 -Violation/Ticket/Infraction (Lower than Misdemeanor)	4- Technical Violation (Probation/Parole) 5- Unspecified 6 -No Formal Charge
15.	Release date <i>(If Not Applicable, enter 01/01/2001)</i>	_____/_____/_____ Month Day Year	
16.	Date Enrolled in Program	_____/_____/_____ Month Day Year	
17.	Diversion Point <i>(circle one)</i>	1. Pre-booking 2. Post-booking	3. Parole/Probation Violation 4. Pending
18.	Condition of Diversion <i>(circle one)</i>	1. Charges Dropped 2. Charges not filed 3. Condition of Bail 4. Deferred Prosecution	5. Condition of Probation 6. Deferred Sentencing 7. Pending 8. Other: _____
19.	Spanish Interview <i>(circle one)</i>	1- Yes	2- No

**** Enter Contact Information into Tracking System****

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