

**CENTRAL MISSISSIPPI RESIDENTIAL CENTER
GROUP HOME REFERRAL FORM**

Completed Form and Documentation to: *Fax* – 601-683-4324 or *Email* – aweeks@cmrc.ms.gov

Name _____ Date _____
Case Number _____ County _____
DOB _____ Sex _____
Insurance _____ Date of Admission _____
Income (Source/Amount) _____
Guardian: Yes No If yes, who _____
Referral Source _____
Social Worker _____ Phone # _____

DOCUMENTATION REQUIRED FOR CMRC GROUP HOME ADMISSION

Note: The following documentation must be received with the completed referral form

- _____ Face Sheet
- _____ Treatment Plan
- _____ Most recent Treatment Team Progress Note
- _____ Psychiatric Admission Note
- _____ Most recent MD/NP progress notes
- _____ List of current medications
- _____ Behavior logs for the past 6 months
- _____ Discharge Plan Details
- _____ Any other information which may assist in providing continuity of care

List Services provided during hospital admission: (Individual Counseling, Psychological Testing, Etc.) If IRS has been in hospital for more than 6 months, what services have been provided for the last 6 months?

What interventions were implemented? (What medication changes were implemented and why, what medications were tried in the past, behavioral interventions and why, etc)

What progress has been made towards goals? (positive behavior changes since admission, etc.)

Signature of Individual Requesting Referral or Legal Representative Date

Signature of Treatment Team Representative / Credentials Date

Below for In-Office Use Only: To be completed by CMRC Admissions Coordinator

Date referral received: _____ Date Screening Interview: _____

Signature: _____

Client Name:	
Screening Date:	
Referral Source:	

CMRC’s Supervised Living Program is a short-term, transitional, skills-training program. The general treatment approach is Psychosocial Rehabilitation, an Evidence-Based intervention designed to assist individuals with serious, persistent mental illness to develop/improve skills in the areas of personal care, community living, and medication self-administration and in the development of individualized strategies for managing symptoms of mental illness and achieving and maintaining recovery from mental illness.

Met	Marginal / Unsure	Not Met	CMRC Admission/Screening Criteria
			1. Individuals must be eighteen (18) years of age or older;
			2. Individuals must have an active, primary diagnosis of a Serious Mental Illness (SMI), according to the criteria established by the Mississippi Department of Mental Health (DMH);
			3. Individuals must exhibit basic autonomy and skills needed to function within a group home environment that provides structure and support, but has varying levels of direct supervision;
			4. Individuals must exhibit adequate control over their behavior, have exhibited no aggressive behavior or homicidal ideation or threats for at least 2 weeks immediately prior to admission, have required no 1:1 observation, seclusion, or restraint for at least 2 weeks immediately prior to admission, and be judged not to be immediately dangerous to self or others;
			5. Individuals must be medically stable with no acute or chronic major medical conditions that are beyond the scope of medical care that can be provided within a group home environment;
			6. Individuals with co-occurring substance-use issues must have a period of at least 2 weeks of sobriety immediately prior to admission and express willingness and desire to maintain sobriety;
			7. Individuals must be psychiatrically stable on current medications, with no additions, changes, or adjustments to psychotropic medications/ psychiatric treatment, for a minimum of 2 weeks immediately prior to admission;
			8. Individuals must have must have a period of at least 2 weeks without suicidal threats or behaviors immediately prior to admission;
			9. Individuals must exhibit the ability and willingness to manage self-care, and the potential for development of socialization and independent living skills for residing in a less restrictive environment;
			10. Individuals must express willingness to cooperate with medication and treatment recommendations;
			11. Individuals must express willingness to cooperate with facility and group home rules and guidelines and to participate in psycho-educational programming and daily activities to develop insight, knowledge, skills, routines, and habits that will facilitate recovery from mental illness and successful transition to more independent living settings.

ASRC Recommended Disposition:	Accept	Decline
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Notes / Explanation / Recommendations:

Signature/Credentials/Date