

LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH
Community Assistance Recovery and Empowerment (CARE) Referral Form

**Please note that the CARE Program does not have the authority to mandate medication or involuntary long-term hospitalization and/or LPS Conservatorship.*

Please send the completed referral by e-mail:
CareCourt@dmh.lacounty.gov

Todays Date:

Court Order Date:

Reporting Party Information

Name and Discipline:

Relation to candidate:

Agency:

E-Mail:

Phone:

CARE Candidate Information

Conserved: YES NO

Reappointment Hearing Date:

DMH IBHIS/ IS#:

Date Initially Conserved:

Last name:

First name:

Date of birth:

Social Security #:

Veteran: Yes No

Address:

Phone:

****If homeless please identify a location where the candidate can be found (e.g. Corner of 6th and Vermont)****

Type of housing: Home Apartment Board and Care Homeless shelter Other:

Lives alone: Yes No Lives with others (Describe):

Primary Language: Race / Ethnicity: Gender: Height: Weight: Hair color:

Income source

Employment: SSI SSDI GR None Other:

Medical history

Known medical diagnosis/concerns:

Medications for medical conditions:

Psychotropic medications:

Candidate is compliant with medications: Yes No Sometimes: Unknown: Other:

Substance Abuse

Known substances used :

Frequency:

Name(s) of substance abuse treatment programs candidate attended:

Treatment program location:

Date(s) of attendance:



CONFIDENTIAL

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Candidate has a diagnosis of Schizophrenia or another psychotic disorder in the same class as defined by DSM V.

Primary Dx:

Secondary Dx:

Candidate has been detained for at least two 14-day involuntary hospitalizations within the past 60 days:

Date:

Location:

Date:

Location:

Candidate is not currently stabilized in ongoing voluntary treatment.

Describe:

Candidate is in need of a higher level of care than a FSP (Full-Service Partnership) or Outpatient program can provide.

Describe:

Candidate's mental health symptoms may cause behavior that interferes substantially with their primary activities of daily living.

Describe:

Candidate's mental health symptoms may result in their inability to maintain stable adjustment and independence without treatment and support.

Describe:

Candidate is unlikely to survive safely in the community without supervision and their condition is substantially deteriorating.

Describe:

Candidate needs services and support to prevent relapse or deterioration that would likely lead to GD, DTS, DTO.

Describe:

How will candidate benefit from participation in CARE Court?

Describe:

Candidate has an open criminal case? Yes: No:

Probation: Yes:

No:

Parole: Yes:

No:

Describe:

Candidate has an LPS conservator or is under the supervision of Public Guardian? Yes:

No:

Name of conservator/public guardian:

Phone: