

**Edwin Fair CMHC**

**Oklahoma System of Care Crisis Diversion and Intervention**

**Report of Contact Form**

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| --- | --- |
| **Agency:**  **County: \_\_\_\_\_\_\_\_**  **Caller Name:**   | **Crisis Call Date:**  / /  |
| **Crisis Call Time:** | [ ]  Office Hours (8AM - 5PM) |
| [ ]  Evening Hours (5PM - 12AM) |
| [ ]  After Midnight (12AM - 8AM) |

**Relationship of Caller to Youth**

[ ]  DHS Worker [ ]  Grandparent [ ]  Parent [ ]  Law Enforcement

[ ]  Foster Parent [ ]  School Personnel [ ]  Self [ ]  Other *(Specify):*  \_\_\_\_

**Youth Information**

**Youth’s Legal Name:**  \_\_\_\_\_ \_\_\_ \_\_ **Youth’s Preferred Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of Birth:** \_\_\_ / \_\_/ \_ **Gender:**  \_\_\_\_

**Social Security #: Medicaid #:**

**In DHS Custody?** [ ]  Yes [ ]  No  **DHS/KIDS #:** \_\_\_\_\_\_\_\_\_

**Race / Ethnicity *(Check all that apply)***

[ ]  White [ ]  Black / African American [ ]  Asian [ ]  Other *(Specify)*:

[ ]  Hispanic/Latino [ ]  American Indian: Enrolled Tribe

**Details of Call and Intervention**

**Reason for Call *(Check all that apply)***

[ ]  Foster Care Stabilization [ ]  School Disruption [ ]  Questioned / Arrested by Law Enforcement

[ ]  Substance Abuse Crisis [ ]  Behavioral Health Crisis [ ]  Other

**Please give a brief description of why this crisis call was made:**

**Type of Intervention *(Check all that apply)***

[ ]  Mobile Response [ ]  Telephone Contact [ ]  Office Visit / Walk-In

[ ]  Other *(Specify):*  \_\_\_

**Location of Intervention *(Check all that apply)***

[ ]  Office Visit [ ]  Home [ ]  School [ ]  Telephone [ ]  Emergency Room / Hospital

[ ]  Other *(Specify):*

**Outcome of Call**

**Did the youth’s placement status change as a result of this crisis?**

[ ]  Yes [ ]  No [ ]  Don’t Know

**If the placement status changed, please tell us where the youth was placed *(Check only one)***

[ ]  Detention [ ]  Group Home / Shelter [ ]  Inpatient

[ ]  New Foster Home [ ]  Relative’s Home / Friend’s Home [ ]  Other *(Specify):*