

**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):*