

Mental Health Contact Form – YOS (7/3/02)

LNAME _____ FNAME _____
 DOC # _____ (MUST HAVE THIS)

Instructions: Review the MH file for mental health contacts for the three month period March 1, 2002 to May 31, 2002. If the offender was NOT in YOS in FY01 (that is, he was committed after June 30, 2001, you need to enter his/her demo information. If offender was committed before that time, we can electronically link this information to demographics,

Was the offender committed before July 1, 2002?

- 1 Yes
 0 No, (When committed?) (MO ___ DAY ___ YEAR ___)
 DOB (MO ___ DAY ___ YEAR ___)
 GENDER 1 MALE 2 FEMALE
 ETHNICITY 1 ASIAN
 2 WHITE
 3 BLACK
 4 HISPANIC
 5 UNKNOWN/OTHER

Was offender rated P3 or P4 from March 1 to May 31, 2002?

- 1 Yes
 P3 ___ P4 ___
 0 No (during time was offender NOT rated P3 or P4)
 mo ___ day ___ year ___ TO mo ___ day ___ year ___
 mo ___ day ___ year ___ TO mo ___ day ___ year ___

Week IMH Contact	#15 mins	#30 mins	#45 mins	#60 mins	#90 mins	#2 hours	#other length (enter time)	other length (enter time)
3/1 to 3/3								
3/4 to 3/10								
3/11 to 3/17								
3/18 to 3/24								
3/25 to 3/31								
4/1 to 4/7								
4/8 to 4/14								
4/15 to 4/21								
4/22 to 4/28								
4/29 to 5/5								
5/6 to 5/12								
5/13 to 5/19								
5/26 to 5/31								