|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| department of health services  Division of Care and Treatment Services  F-01624 (10/2016) | | | |  | | state of wisconsin | | | | |
| **OARS ALTERNATIVE TO REVOCATION (ATR) REFERRAL** | | | | | | | | | | |
| Offender Name (Last, First, MI) | | | DOC # | | Date of Birth | | | Date of Referral | | |
|  | | |  | |  | | |  | | |
| County Name | Referring Agent Name | | | | Agent Number | | | Agent Phone Number | | |
|  |  | | | |  | | |  | | |
| OARS Case Manager Name | | | | | OARS Case Manager Phone Number | | | | | |
|  | | | | |  | | | | | |
| DSM-5 | | | | | | | | | | |
|  | | | | | | | | | | |
| Is the offender taking medications as prescribed at this time?  Yes  No | | | | | | | | | | |
| List Current Medications | | | | | | | | | | |
|  | | | | | | | | | | |
| Name of Psychiatrist at discharge from WRC | | | | | | | | | | |
|  | | | | | | | | | | |
| What are the current symptoms prompting placement? | | | | | | | | | | |
|  | | | | | | | | | | |
| What occurred in the community leading up to this WRC placement (rule violations/treatment concerns)? | | | | | | | | | | |
|  | | | | | | | | | | |
| What community interventions have been attempted? | | | | | | | | | | |
|  | | | | | | | | | | |
| The last date of alcohol or other drug use | | | | | | | | | | |
|  | | | | | | | | | | |
| What are the treatment goals for the offender during placement? | | | | | | | | | | |
|  | | | | | | | | | | |
| Is the offender willing to cooperate with recommended treatment? | | | | | | | | | | |
| Yes  No | | | | | | | | | | |
| **Release Planning Information** (please include resources that will be provided upon release) | | | | | | | | | | |
| Housing Options | | | | | | | | | | |
|  | | | | | | | | | | |
| Community Mental Health Providers | | | | | | | | | | |
|  | | | | | | | | | | |
| Support Services | | | | | | | | | | |
|  | | | | | | | | | | |
| Supportive Contacts | | | | | | | | | | |
|  | | | | | | | | | | |
| Other: | | | | | | | | | | |
|  | | | | | | | | | | |
| List the individuals (non-professional) the offender is allowed to have phone or face-to-face contact with during this WRC ATR placement | | | | | | | | | | |
| Name | | Relationship | | | | | Phone | | Face-to-Face | Both |
|  | |  | | | | |  | |  |  |
|  | |  | | | | |  | |  |  |
|  | |  | | | | |  | |  |  |
|  | |  | | | | |  | |  |  |