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| DEPARTMENT OF HEALTH AND FAMILY SERVICESDivision of Care and Treatment ServicesF-25904 (01/2017) | STATE OF WISCONSIN |
| **ADMISSION TO CASELOAD – REVOCATION**Completion of this form is required by the Conditional Release Program. Information will be used to determine client profile, quality assurance, recidivism rates and alternatives to recidivism.  |
| Name – Client (Last, First MI)              | Name – Regional Provider      |
| Diagnosis:       |
| Name – Case Manager (Last, First MI)              | Name – Court      |
| Name – Parole Agent (Last, First MI)              | Name – Judge (Last, First MI)              |
| Name – Defense Attorney (Last, First MI)              | Name – District Attorney (Last, First MI)              |
| List treatment / support persons involved in client’s care ( i.e. therapist / counselor, vocational rehabilitation, group home contact etc.) and average number of contacts with each listed 30 days prior to revocation. |
| Name (Last, First MI) | Title | No. of Contacts |
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| List support persons who impact on the client’s life (i.e., parents, significant friends, partner, mentor, spouse, children) |
| Name (Last, First MI) | Relationship |
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| Reason for return to institution care      |
| Treatment History (briefly list facility / provider beginning and end dates) |
| Facility / Provider  | Begin Date | End Date |
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| Release Origin[ ]  MMHI [ ]  WMHI [ ]  Direct Court [ ]  Maximum  [ ]  Medium [ ]  Medium [ ]  Minimum [ ]  Minimum | Employment Status[ ]  Sheltered[ ]  Competitive [ ]  Part Time [ ]  Full Time | Length of time at MHI prior to conditional release      |
| Length of time on conditional release prior to revocation       |
| How does the client spend his / her day? (general / typical day – activities, contacts, etc.)      |
| Adjustment to Treatment      |
| Significant Life Events (Recent, and / or dates of past events that may impact on mental health      |
| Attachments (Check if attached) [ ]  Demographics – Regional Provider Face Sheet [ ]  Criminal History (CIB) [ ]  Current Individual Service Plan [ ]  Client’s perception of reasons for revocation [ ]  Statement of Probable Cause |