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| department of health servicesDivision of Care and Treatment ServicesF-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 |
|       |       | [ ]  | [ ]  | [ ]  |
|       |       | [ ]  | [ ]  | [ ]  |
|       |       | [ ]  | [ ]  | [ ]  |
|       |       | [ ]  | [ ]  | [ ]  |