



**MENTAL HEALTH AND SUBSTANCE ABUSE
SCREENING REPORT AND REFERRAL**
(Offline version no JJIS available)

REPORT DATE: ____/____/____

YOUTH: _____ DJJID: _____ DOB: ____/____/____ AGE: _____

CHARGES:

REFERRAL #	CATEGORY/DEGREE	FLORIDA STATUE	OFFENSE

A. Immediate referral for mental health service is indicated by the Suicide Risk Instrument. Yes No

B. No PACT information available at this time. Screener decision for further testing. Yes No

NARRATIVE FOR SCREENER DECISION:

C. Referred for Services to: _____

D. Placement following screening:

- Detained
- Released to parent/ guardian (includes home detention)
- Other _____

My signature below confirms that I have been notified of the above screening results.

Signature of person taking custody of youth Relationship to youth Date of release

CC: TASC Parent/ Guardian Other _____