

Recipient's name: _____ meets the following criteria for admission to the Mental Health Resource Center's Florida Assertive Community Treatment (FACT) program:

Has a diagnosis within one of the following categories as referenced in the American Psychiatric Association's Diagnostic and Statistical Manual-IV, 4th Edition:

- Schizophrenia and Other Psychotic Disorders (295 series)
- Mood Disorders (296 series)
- Anxiety Disorders (300 series)
- Personality Disorders (301 series)

In addition, the individual meets at least one of the following three criteria:

- Has been discharged from one of the state hospitals serving the area
- Demonstrates a high risk for hospital admission or readmission
- Has prolonged inpatient or State hospital stays (more than 90 days)
- Has repeated crisis stabilization episodes (more than 3 admissions)

The individual must meet at least three of the following characteristics:

- Inability to consistently perform the range of practical daily living tasks required for basic adult interactional roles in the community (e.g., maintaining personal hygiene; meeting nutritional needs; caring for personal business affairs; obtaining medical, legal and housing services; recognizing and avoiding common dangers or hazards to self and possessions) or persistent or recurrent failure to perform daily living tasks except with significant support or assistance from others such as friends, family or relatives.
- Inability to be consistently employed at a self-sustaining level or inability to consistently carry out the homemaker role (e.g., household meal preparation, washing clothes, budgeting or child-care tasks and responsibilities).
- Inability to maintain a safe living situation (repeated evictions, loss of housing, or no housing).
- Coexisting substance use disorder of significant duration (greater than six months).
- Destructive behavior to self or others.
- ~~High~~ High risk or recent history of criminal justice involvement (arrest and incarceration).

FACT Team Leader

Date

Managing Entity Representative

Date

MENTAL HEALTH RESOURCE CENTER, INC.
FACT PROGRAM
ADMISSION CERTIFICATION

NAME: _____

CID#: _____