

ORANGE COUNTY FACT TEAM REFERRAL FORM

Date of Referral: _____ Referred by: _____ Phone: _____

Name & Address of Referring Agency: _____

Client Name: _____ DOB: _____

Client Address: _____

Client Phone Number: _____ SS#: _____

Reason for Referral: _____

Does client have a legal guardian or power-of-attorney? ___ No ___ Yes If yes, please provide his/her name, address and phone number: _____

Name & Phone Number of client's outpatient treatment provider: _____

Name & Phone Number of client's primary care physician: _____

Client's source of income: SSI ___ Monthly Amount _____ SSDI ___ Monthly Amount _____

Name & Phone Number of client's payee: _____

Medicaid ID Number: _____ Medicare Number: _____ Part A & B? _____

List Current Medications & dose (psychiatric and medical): _____

Allergies: _____

Current Health Problems: _____

List all psychiatric hospitalizations from the referring institution: (use back of page if needed)

Admission Date

Discharge Date

List all psychiatric hospitalizations from other institutions, including state hospitals: (use back of page)

Facility Name:

Admission Date

Discharge Date

List all incarcerations with location, year and charges: (use back of page if needed)

Year:

County:

Charges:

List all legal issues that are pending, giving county, date, charges and status (probation, conditional release, etc.). If on probation, give the name and phone number of the probation officer.

FACT ADMISSION CRITERIA

Persons eligible for FACT services are identified as those individuals who have a documented severe mental illness whose symptoms and impairments are not effectively remedied by available treatment; or who, because of reasons related to their illness, resist or avoid involvement with mental health services. These persons require frequent interventions to prevent/reduce psychiatric hospitalizations. Priority is given to persons with schizophrenia or other psychotic disorders or those with bipolar disorder, and to persons residing in state facilities who are discharge ready or those awaiting transfer to a state facility.

To be admitted for FACT services, a person must meet each of the following criteria:

Admission Criteria	Requirement	Referral's Data
Age	18 or older	
Residence	Resident of Orange County	
Diagnosis	Schizophrenia and other psychotic disorders, Mood disorders, Anxiety Disorders, Personality Disorders	
Symptom Severity	Must meet one of the following: (1) > 90 inpatient days in one year, (2) > 3 episodes of criminal justice involvement in one year (mental illness must be a contributing factor) (3) Pending discharge from or admission to a state hospital, (4) Persistent dangerousness to self or others, (5) > 3 acute psychiatric admissions in one year, (6) Pending discharge from an inpatient detoxification unit, (7) Transfer from another FACT team	
Functional Impairments	Must demonstrate significant impairment in 3 or more of the following areas: (1) Activities of daily living, (2) Maintaining stable housing, (3) Chronic unemployment or under-employment, (4) Coexisting substance use for six months or more, (5) Mild mental retardation.	

Admission Criteria	Requirement	Referral's Data
Institutional Risk	Is there a significant risk of this person continuing in a pattern of institutionalization or living in a severely dysfunctional way without FACT services?	
Mental Retardation	IQ 80 or greater	
Cognitive Disorder	Absence of cognitive disorder such as dementia of any type, amnesic disorder or cognitive disorder NOS.	
Traumatic Brain Injury	Absence of traumatic brain injury	
Substance abuse/dependence	Must be co-occurring and <u>not</u> primary	
Outpatient Environment	Does not exhibit behavior that would prevent him/her from functioning safely in an outpatient setting, or exhibit chronic antisocial behavior.	
Environmental Safety	Not currently engaged in dangerous or illegal activities.	
Willingness for FACT services	Agrees to FACT services	
Service Benefit	Demonstrates the ability to benefit from services	

Please complete all the required data items legibly. The Team Leader will contact you should any other information be needed in order to process this referral. You may fax the completed referral along with a copy of the person's most recent psychiatric evaluation to the number provided below.

This case will be staffed once all information is received. You will be notified of the outcome. If accepted, an admission date will be set. The Circuit 9 Managing Entity, Central Florida Cares, has the final decision for all admissions to the FACT Team.

Aspire Health Partners, Inc.
FACT Team
434 W Kennedy Blvd, Bldg B
Orlando, FL 32810
Phone: 407-875-3700 EXT: 5077

FAX Number: 407-667-1676