Bismarck Transition Center
Screening and Application for Residency Form

_____Assessment Center Required Documentation: Multi Agency ROI; Intermediate Measure; LSI-R updated within the past six months; Property List; Legal Judgment; Probation Appendix A; Parole Agreement).

_____Federal 2001 **Short Term Residential Placement** Required Documentation: Probation Form 45 or Transitional Services Program Plan BP-S530.074; if applicable Pre-Sentence Investigation; ROI BTC/Probation and Pretrial Services; Property List; Legal Judgment (if applicable).

_____ **Federal 9905 Non-Treatment Residential Placement** Required Documentation: Probation Form 45 or Transitional Services Program Plan BP-S530.074; if applicable Pre-Sentence Investigation; ROI BTC/Probation and Pretrial Services; Property List; Legal Judgment (if applicable).

_____ **BTC Diversionary** Required Documentation: Intermediate Measure; LSI-R updated within the past six months; Property List; Legal Judgment; Probation Appendix A and/or Parole Agreement.

Date of Referral: ________________

Referring Probation Officer (PO) ___________________

Offender Identifying Information

Name __________________________________ DOB __________ LSI Score__________

SID#__________________ DOCR#_________________ PACTS#__________________

Address ____ Apt # _______________

City __________________________ State _____________ Zip Code ______________

Legal Section

Status Offense (offense(s) the offender is on probation for or charges pending for pre-trial)

____

____

____

Supervision start/end dates: Start___________ End ____________

History of violence: Yes ____ No ____

Explain if yes: ____

____

Current Protection or No Contact Orders: Yes ____ No ____

Explain if yes: ____

Sex offender/offender against children registration: Yes ___ No ___

Explain if yes: ____

Flight / Escape Risk: Yes___ No___
Explain if yes: ____
Pending Charges (Court/legal issues/warrants): Yes____ No____
Explain if yes (including dates of hearings):____
____
Description of violations and why the offender is being referred to Bismarck Transition Center:
____
____
____

Physical and Mental Health

Private medical insurance: Yes____ No ____
Name of Company____
Does the offender receive Medicaid or other medical benefits? Yes____ No ____
IHS Tribal Affiliation: ____
History of suicidal behavior: Yes____ No ____
Explain if yes:____
____
History of self-mutilation Yes____ No ____
Explain if yes:____
____
List current medication(s)
____
____
____
Prescribing doctor/pharmacy where obtained:____
Number of days of medication on hand:________
Prescription available with financial means to pay: Yes____ No ____
Previous mental health diagnoses and where obtained (if known)__________________________
____
____
Previous treatment for psych issues (if known)_______________________________________
____
____
What type: ____ (inpatient) ____ (outpatient)
Where obtained:
____
____
Client shows signs of: (check all that apply)

___Aggression
___Anger/Agitation
___Behavior Problems
___Delusions
___Dementia
___Depression
___Disoriented/Confused
___Grandiose
___Hallucinations
___Homicidal
___Homeless
___Hyperactive/Manic
___Medication non-compliance
___Obsessive
___Paranoia
___Self-mutilation
___Seizures
___Substance Abuse
___Suicidal
___Uncontrolled Anger
___Other

Any medical issues that require attention while at the Bismarck Transition Center?
Yes____ No ____
Explain if yes:____
Any communicable diseases: Yes____ No ____
Explain if yes: (include previous treatment)______________________________________

Alcohol and Drug Treatment Section
List previous chemical dependency treatments, where obtained, and what level of services were obtained, whether or not offender completed.______________________________________
____
____
Current drug/alcohol use/What substances were used:
____
____
____
How Recent/How Much/How Often/How Long has the offender been using?
____
____
Any prior history of withdrawal? Was medical attention needed? Yes____ No ____
Explain if yes:____
____
____
Is there a history of seizures or hallucinations associated with withdrawal?
Yes____ No ____

Case Plan
What is the tentative discharge plan? ____
____
____
Does the offender have an appropriate home to return to? Yes____ No ____

Client will report to the Bismarck Transition Center on:
Arrival date: ________________
Arrival time: ________________
Who is transporting the offender? ____
Contact # for person transporting: ____

Referring Probation Officer: ____________________________ Date:_____________________