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| **Thurston County LEAD** **Referral****Phone: 360-763-5800 Email:** **TCLEAD@tmbho.org** |
| Date/Time referred:  Referring agency/Staff name:  Phone:       Email: |
| Name of referral: | DOB/Age: |
| Gender:  | Race/Ethnicity: |
| Referral address/location(s) where they can be found: |
| Referral phone/other contact information: |

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| Other natural support(s) (family, providers, etc.) name(s), address and/or phone number(s) if available:  |
| Summary of referral including history with law enforcement/current legal system involvement:  |
| Known history of violent offenses or other safety concerns:  |
| Any other information that could be helpful:  |
| Are they 18 years and older? |  [ ]  YES (required) |
| Do they have known or apparent substance use issues? |  [ ]  YES (required) |
| Are they a high utilizer/familiar face of law enforcement? | [ ]  YES [ ]  NO  |
| Do they seem willing to engage with a service provider? | [ ]  YES [ ]  NO  |
| Do they have known or apparent mental health issues? | [ ]  YES [ ]  NO  |
| Are they homeless/houseless? | [ ]  YES [ ]  NO  |
| Do they or their natural supports call 911 frequently? | [ ]  YES [ ]  NO  |
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| **For OHRS LEAD Team Use Only** |

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| Referral Received by:  Date/Time:  |