

**JUSTICE RELATED SERVICES  
GRISTMILL CORPORATE CENTER  
101 BELLEVUE ROAD, SUITE 201  
PITTSBURGH, PA 15229**

**PHONE (412) 301-8220**

DHS-JRS@AlleghenyCounty.US

**FAX: (412) 415-0652**

**JUSTICE RELATED SERVICES  
STATE REFERRAL FORM**

Name: \_\_\_\_\_

Date of Referral: \_\_\_\_\_

Prior Address: \_\_\_\_\_

Referral Source: \_\_\_\_\_

SCI: \_\_\_\_\_

Client's Phone: (     )     -     \_\_\_\_\_

Referral Source Phone#: (     )     -     \_\_\_\_\_

Gender: \_\_\_\_\_ Race: \_\_\_\_\_

Referral Source Email: \_\_\_\_\_

DOB: \_\_\_\_\_

Inmate Number: \_\_\_\_\_

SSN: \_\_\_\_\_

SCU: \_\_\_\_\_ Client ID: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Current MH Tx: \_\_\_\_\_

Medications: \_\_\_\_\_

D&A History: \_\_\_\_\_

Drug(s) of Choice: \_\_\_\_\_

State Criminal Charges: \_\_\_\_\_

Length of State Sentence: \_\_\_\_\_

Sentence Effective Date: \_\_\_\_\_

Parole:  Yes  No     If yes, has the home plan been approved?  Yes  No     Please provide home plan information below.

Expected Date of Parole: \_\_\_\_\_ Home Plan: \_\_\_\_\_

Maximum Sentence Date: \_\_\_\_\_

Probation Upon Release?  Yes  No

Probation/Parole Officer: \_\_\_\_\_ Phone: (     )     -     \_\_\_\_\_

Additional Comments: \_\_\_\_\_

**Housing Recommendations:**

D&A      CRR      Supportive Living      PCBH/LTSR/Nursing Home      Independent

Income: \_\_\_\_\_

**\*In order to fully process this referral for services, JRS will need a psychiatric evaluation with an Axis I diagnosis that meets criteria, signed by a licensed psychiatrist or psychologist (preferably).**

**Any program related questions can be directed to the State Support Unit Manager (412) 301-8227.**

\*Referrals can be electronically submitted to [DHS-JRS@AlleghenyCounty.US](mailto:DHS-JRS@AlleghenyCounty.US) or by Fax 412-415-0652