



## CARE Court Referral Form

Please send the completed referral by email to:  
CareCourt@KernBHRS.org, (661) 558-1145

Date:

### Information about the person completing this form:

(Providing your contact information allows us to contact you to obtain additional information if needed. If you prefer to remain anonymous, please leave blank.)

Name:

Birthdate (if known):

Current Location (if currently unhoused, please be as descriptive as possible to where they may be staying to help our staff locate them:

Physical Home Address (if unknown, write "unknown"):

**For County Agencies Only:** SmartCare Number:

### History

Reason for Referral:

Does the person have schizophrenia, another psychotic disorder or bipolar disorder? Yes No Unsure

Current Symptoms:

1. Has the person been involuntarily hospitalized twice for 14 days or more? Yes No Unsure

2. Is the person currently receiving ongoing treatment? Yes No Unsure

a. If you answered "no" or "unsure" to question #2, please skip questions 3-4

3. Current Treatment Team:

4. Is the current treatment sufficient? If not, please explain:

5. Does the person need services to prevent a relapse or worsening symptoms? Yes No

6. Is the person unlikely to live safely in the community without further assistance? Yes No



Legal

1. Is the person currently under public guardian or LPS conservatorship? Yes No Unsure

2. If yes, please provide the name and contact information for the conservator/public guardian (if known):

3. Has the person ever been referred to assisted outpatient treatment? Yes No Unsure

4. Does the person have prior or recent misdemeanors or felonies in which they were found to be incompetent to stand trial? Yes No Unsure

5. Has the person ever been referred to mental health diversion? Yes No Unsure

Are there any other details we should know about the person?