

SIOUX RIVERS MHDS Request for Jail Diversion

## **Outpatient Services**

incarcerated at the Choose an item.	, has presented mental health concern County Jail and jail diversion outpatient r	mental health services are
being requested. The individual meets the following eligibility criteria (Please check all that apply): $\Box$ Individual is 18 years of age or older.		
□Individual has completed a Sioux Rivers MHDS application and meets eligibility criteria.		
$\Box$ Individual's Legal: low -level offense, first time offense, misdemeanor, non-violent offenses (some exceptions if agreed upon by SR regional CEO and diversion providers)		
$\Box$ Individual is incarcerated for a minimum of 30 days.		
□Individual is not on a Federal Hold		
Individual is requesting Outpatient MH services from the following provider (please check preference)		
□Seasons Center	$\Box$ Plains Area Mental Health	□No Preference
Individual has an established provider and wishes to continue services with the following provider/therapist.		
Previously Established Provider		
	(Please list name of Current Provider)	
Previously Established Therapist		
	(Please list name of Current Therapist)	
One Page Sioux Rivers Application and ROI (between SR and jail) Completed:		
$\Box$ Yes, and is attached to this request.		
□Please have Service Coordinator Contact Jail/ Inmate to assist in completion of the one-page application and ROI prior to any approved NOD for sessions. Contact person:		