



# PACT

## MENTAL HEALTH AND SUBSTANCE ABUSE SCREENING REPORT AND REFERRAL

(Offline version no JJIS available)

REPORT DATE: \_\_\_\_\_

YOUTH: \_\_\_\_\_ DJJID: \_\_\_\_\_ DOB: \_\_\_\_\_ AGE: \_\_\_\_\_

### CHARGES:

REFERRAL #	CATEGORY/DEGREE	FLORIDA STATUE	OFFENSE

- A. Immediate referral for mental health service is indicated by the Suicide Risk Instrument.  Yes  No
- B. No PACT information available at this time. Screener decision for further testing.  Yes  No

### NARRATIVE FOR SCREENER DECISION:

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C. Referred for Services to: \_\_\_\_\_

### D. Placement following screening:

- Detained
- Released to parent/ guardian (includes home detention)
- Other \_\_\_\_\_

My signature below confirms that I have been notified of the above screening results.

\_\_\_\_\_  
 Signature of person taking custody of youth      Relationship to youth      Date of release

CC:  TASC     Parent/ Guardian     Other \_\_\_\_\_