Referral & Admissions Criteria
Assertive Community Treatment (ACT)

Please choose the ACT service location you'd like the referral to be sent to:

☐ 235 Civic Center Blvd., Houma, LA 70360
☐ 2407 Baronne Street, New Orleans, LA 70113
☐ 9420 Lindale Avenue, Suite A, Baton Rouge, LA 70815
☐ 312 E. Bayou Road, Thibodaux, LA 70301
☐ 1505 N. Florida Street, Covington, LA 70433

Participant Name:		DOB:	Date:
Primary Phone Number:		Alternative Number: ; ☐ N/A	
Home Address:		City/State:	Zip Code:
Has Medicaid? ☐ YES ☐ NO	Verified: ☐ YES ☐ NO	Medicaid Number:	
Bayou Health Plan:		Other Insurance/Medicare:	
Referral Source			
Referral Source Name:		Referral Completed by:	
Contact Number:		Email:	
Referral Information			
Reason for Referral:			
Psychiatric Diagnoses:			
Current Medications:			
History of Psychiatric Hospitalization:			
Any current legal charges:			
Additional Comments:			

Referral packet can be emailed to actreferrals@startcorp.org or faxed to (225) 377-4197

Updated 02/20/2024

Referent, please fill out the following:

Participant Name:	Date:
DIAGNOSIS	
The individual must have one of the following diagnoses:	
☐ Schizophrenia ☐ Schizoaffective Disorder ☐ Bipolar Disorder ☐ Major Depressive Disorder ☐ Other psychotic disorder:_______________________________	
***These diagnoses are also accompanied by*:**	
☐ Substance Use Disorder ☐ Developmental Disability	
SERVICE NEEDS	
The individual must have one or more of the following:	
☐ Two or more acute psychiatric hospitalizations and/or four or more Emergency Room visits in the last 6 months ☐ Persistent and severe symptoms of a psychiatric disability that interferes with the ability to function in daily life ☐ Two or more interactions with law enforcement in the past year for emergency services due to mental illness or substance use (this includes involuntary commitment) ☐ Currently residing in an inpatient bed, but clinically assessed to be able to live in a more independent situation if intensive services were provided.	
The individual must have one or more of the following:	
☐ Inability to participate or remain engaged or respond to traditional community-based services ☐ Inability to meet basic survival needs or residing in substandard housing, homeless, or is at imminent risk of becoming homeless	
The individual must have three of the following:	
☐ Evidence of a co-existing mental illness and substance abuse / dependence ☐ Significant suicidal ideation with a plan and ability to carry out within the last two years ☐ Suicide attempt in the last two years ☐ History of violence due to untreated mental illness / substance abuse within the last two years ☐ Lack of support systems ☐ History of inadequate follow-through with community-based services ☐ Threats of harm to others in the past two years ☐ History of significant psychotic symptomatology such as command hallucinations to harm others	
Additional Information:	

Referral Source (Print Name) Referral Source (Signature) Date

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