START CORP.
"CREATING OPPORTUNITIES"

Referral & Admissions Criteria
Assertive Community Treatment (ACT)

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

☐ Houma, LA ☐ New Orleans, LA ☐ Thibodaux, LA ☐ Baton Rouge, LA ☐ Mandeville, LA

Participant Name:		DOB:	Date:
Primary Phone Number:		Alternative Number:	
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

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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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