



**Carroll County Mental Health Advocates  
Diversion Program – Referral Form**

**Referral Source Information**

Referring Agency: \_\_\_\_\_

Referring Person & Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Referral: \_\_\_\_\_

**Program Pathway (check one):**

- Mental Health Pretrial Diversion (MHPD)
- Substance Misuse Pretrial Diversion (SMPD)
- Mental Health Accountability Track (MHAT)
- Substance Misuse Accountability Track (SMAT)

**Peer Information**

Full Legal Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_

**Legal Information**

Current Charges (if applicable):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Case Number(s):

\_\_\_\_\_



Court: \_\_\_\_\_

Bond Conditions (if applicable):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Mental Health Information**

Mental Health Diagnoses (if known):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Currently Connected to a Provider?  Yes  No

Behavioral Health Assessment Completed?  Yes  No

- Provider Name: \_\_\_\_\_
- Date Completed: \_\_\_\_\_

Does the peer have a history of substance misuse?  Yes  No

If yes, what is their substance(s) of choice?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Reason for Referral (brief):**

- Court Ordered
- Voluntary Referral
- Post-Release Support
- Law Enforcement Referral (no charges)

**Referral Submission**

Completed forms may be delivered in person or emailed securely to Hannah Grant, Mental Health Diversion Program Director: [hgrant@ccmentalhealthadvocates.org](mailto:hgrant@ccmentalhealthadvocates.org)