**Legal Intervention and Network of Care (LINC)**

Send referrals to LINC Coordinator, Mandy Edwards

Phone: 206-503-3635

Email: [tbaker@chmha.org](mailto:tbaker@chmha.org) and [aedwards@chmha.org](mailto:aedwards@chmha.org)

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| --- | --- |
| Referral source (name/organization): |  |

|  |  |
| --- | --- |
| Contact information: |  |

|  |  |
| --- | --- |
| Referral date: |  |

**Referral to Diversion Program: Legal Information**

|  |  |
| --- | --- |
| Individual's name: |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| DOB: |  |  |  | Male |  | Female |  | Gender nonconforming |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Booking date: |  |  | Currently in custody: |  | Yes |  | No |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Facility: |  | KCCF |  | MRJC |  | SCORE |  | City of Kent Jail |  | Other: |  |

|  |  |
| --- | --- |
| Arresting jurisdiction: |  |

|  |  |
| --- | --- |
| Offense: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Misdemeanor |  | Felony (please check) | Case #: |  |

|  |  |
| --- | --- |
| If assault, please describe: |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Charges filed: |  | Yes |  | No | Current competency order: |  | Yes |  | No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Has competency been raised within the last 12 months: |  | Yes |  | No |

|  |  |
| --- | --- |
| Defense attorney (name/agency/contact): |  |

|  |  |
| --- | --- |
| Prosecutor (name/agency/contact): |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Next hearing: | Date: |  | Time: |  | Court: |  |

|  |  |
| --- | --- |
| Courtroom: |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Currently on medication: |  | Yes |  | No | Releasing with medications: |  | Y\* |  | N\* |

\*attach med orders

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Stable: |  | Yes |  | No |

|  |  |  |
| --- | --- | --- |
| Housing Status: | Housed  Known address: |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Not housed |  | Unknown |

Comments:

|  |
| --- |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Prosecutor requests monthly progress reports |  | Yes |  | No |

|  |  |
| --- | --- |
| If yes, number of months requested: |  |

**LINC PROGRAM STAFF:**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | ECLS Lookup |  |  | Active Medicaid | | | | | | |
|  |  |  |  | ABP |  | CNP | QMB |  | CNP/QMB |  |

|  |  |  |
| --- | --- | --- |
|  |  | Inactive Medicaid |

KCID: ProviderOne number:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Current enrollment in behavioral health services? |  |  | Yes |  | No |  |

|  |  |  |
| --- | --- | --- |
| Agency and program name: |  |  |

|  |  |
| --- | --- |
| Mental Health and/or SUD diagnosis: |  |

Mental Health/SUD case manager (agency/name/contact info), and additional information:

|  |
| --- |
|  |

|  |  |
| --- | --- |
| Assigned LINC Specialist: |  |

|  |  |
| --- | --- |
| Screening date/place: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Release of Information obtained at screening: |  | Yes |  | No |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Legal competency: |  | | (in-custody referrals AND competency currently raised, or has been | | | |
| raised within the previous 12 months) | | | | | | |
| On Competency List? | |  | | Yes |  | No |

|  |  |  |
| --- | --- | --- |
| Prosecutorial diversion: |  | (prosecutor agreeing to not file charge(s) or dismiss charge(s) if LINC amenable/eligible) |

**King County Behavioral Health and Recovery Division Contact**

Shanna Clinton

(206) 263-5747

[sclinton@kingcounty.gov](mailto:sclinton@kingcounty.gov)