

Referral Packet

○ When a federal client is sent to you for treatment, you will normally see the following documents attached to the initial referral packet:

○ The Program Plan (Form 45).

○ Our Release of Information, either the 11B for substance abuse cases, the 11I for mental health and sex offender, or the 11E for both substance abuse and mental health programs. See the Forms List for samples.

○ The Presentence Report (if available).

IMPORTANT: This is a court document which contains confidential information. The vendor **may not** disclose it to **anyone**, not even the client.

“Treatment Services Program Plan”

Probation Form 45

- The Treatment Plan (Form 45) is generated by a U.S. Probation Officer and authorizes service payments.
- We advise that you not perform treatment services unless you have received a Treatment Plan, or a copy of the Plan, signed by an officer. Pay special attention to the Effective Dates on the Plan.
- Counseling sessions are written in Units of 30 minutes. In other words, an hour session is 2 Units. Please ensure the Plan reflects your services.
- Maintain all services listed on the Plan until you receive an Amended Plan or Termination Plan.

"Treatment Services Program Plan" Probation Form 45 Sample

Prob. Form 45

Today's Date: 10/9/09

Initial

TREATMENT SERVICES CONTRACT PROGRAM PLAN

Client Identifying Information

Client:	Squirrel, Rocky J.	PACTS #:	64530
Address:		Pretrial/Post Conviction:	Post Conviction
Officer:	Provost, Jeri J	Client Phone:	
Officer Phone:	(210) 472-6590	DOB:	08/08/1962



Provider Information

Provider:	The Patrician Movement	Agreement No:	0542-2007-PR5A
Provider Location:	The Patrician Movement	Effective Date:	03/17/2008
Attn:		Termination Date:	01/09/2009
Location Address:	222 E. Mitchell San Antonio TX 78210		
Phone:			
Fax:			

Authorized Services

Your agency is authorized to provide the following services beginning on the plan effective date indicated above. Any services provided outside of those listed below and/or outside the Effective and Termination Dates of the Plan will not be authorized for payment.

Services Ordered

Project Code	Description Of Services	Phase	Frequency (Units)	Interval	Copay Amount (per unit)
1010	Urine Collection and Reporting		2.0	Monthly	\$0.00
2010	Individual Substance Abuse Counseling		2.0	Monthly	\$0.00
2020	Group Substance Abuse Counseling		2.0	Monthly	\$0.00

Test Copayment Amount

Copayment Source	Monthly Copayment Flat Fee
Defendant/Offender	\$20.00

Instructions to Provider Regarding Client Needs and Goals of Treatment

Officer: Jeri Provost

Referral Agent:

Client: Rocky J. Squirrel

Assessments and Evaluations

- **Substance abuse intake assessment and report (2011)**
A typed report is due to the U.S. Probation Office **within 10 calendar days** of the vendors first face-to-face contact with the offender.
- **Psychological Evaluation/Testing and Report (5010/5020)**
- A typed report is due to the U.S. Probation Office **within 10 business days** after completion.
- **Mental Health Intake Assessment and Report (5011)**
A typed report is due to the U.S. Probation Office **within 10 business days** after the vendor's first personal contact.
- **Sex offense-specific evaluation and report (5012)**
A typed report is due to the U.S. Probation Office **within 10 business days** after completion of evaluation.
- **Psychiatric Evaluation (5030)**
A typed report is due to the U.S. Probation Office **within 10 business days** after completion.