

**ELIGIBILITY REFERRAL/TREATMENT PLAN
SUPERVISED DIVERSIONARY PROGRAM
FOR VETERANS**

JD-AP-149V Rev. 7-14
C.G.S. § 54-56i; P.A. 14-56 § 5

STATE OF CONNECTICUT
SUPERIOR COURT
**COURT SUPPORT
SERVICES DIVISION**
www.jud.ct.gov/cssd



Referring Agent (<i>CSSD Employee</i>)	Telephone number	Information needed by (<i>date</i>)
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Name and address of provider requested to complete clinical needs assessment and recommend a treatment plan if eligible

Name of person being referred	Telephone number	Date of referral
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Address of person being referred

The Court Support Services Division (CSSD) of the Connecticut Judicial Branch is referring the individual named above to your agency for a clinical needs assessment to determine if he or she has a mental health condition that is amenable to community supervision, treatment, and services.

If you have any questions regarding this issue, please call the CSSD employee at the telephone number given above.

Treatment Provider Section

After completion of our assessment, and based on the criteria stated above, we find:

- ☐ The individual named above does not qualify for admittance into the Supervised Diversionary Program. (*See attached.*)
- ☐ Appropriate community supervision, treatment, and services are not available for the individual named above at this time. (*See attached.*)
- ☐ The individual named above qualifies for admittance into the Supervised Diversionary Program. (*See attached.*)

Signed	Print name of person signing
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Agency	Date
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