



Referral to MCAT Jail Diversion

***Please fax referral to: 315-732-1182**

MCAT Jail Diversion services assist individuals with mental health and substance use issues who are currently involved or at risk of further involvement in the criminal legal system including but not limited to assessment, advocacy, linkage to services and resources, collaboration and follow-up monitoring.

Client Information

Last Name: _____ First Name: _____ DOB: _____

Address: _____

Phone Number (primary): _____ (secondary): _____

Emergency Contact: _____

Insurance Information: _____

Referent information

Name/Agency: _____

Phone Number: _____ Email: _____

Reason for Referral (include description of services being requested or current needs, as well as any known relevant mental health or substance use history and diagnoses)

Known Barriers (include history of violence, aggression or safety concerns)

Does the person know they are being referred for services? Yes / No

Check all that apply

- Currently Incarcerated, Name of Facility: _____
- Released to the Community, Date of Release: _____
- Level of Supervision: _____
Probation/Parole Officer Name and Phone Number: _____
- Court Mandated Programming, Name of Court: _____
- Currently involved with MH services, Agency: _____