

Blue Ridge Crisis Intervention Team

A Collaborative Mental Health and Criminal Justice Program
Serving the Counties of Augusta & Highland and the Cities of Staunton & Waynesboro.



Therapeutic Assessment Site Form

Gender: Female Male Non-binary
 Transgender Declined Unknown

Respondent [Last, First MI] _____ CSB Client ID _____ Date of Birth _____ SSN _____

Residence Address _____

City _____ State _____ Zip Code _____

Ethnicity
 Not of Hispanic, Latino, or Spanish origin
 Mexican, Mexican American, Chicano
 Puerto Rican
 Cuban
 Other Hispanic, Latino, or Spanish origin
 Declined
 Unknown

Race:
 American Indian or Alaskan Native
 Asian
 Black or African American
 Middle Eastern or North African
 Native Hawaiian or Other Pacific Islander
 White
 Other
 Declined
 Unknown

Military Status: N/A-None Unknown
 Armed Forces Active Duty
 Armed Forces Reserve
 Ntnl Guard
Armed Forces or Ntnl Guard
 Retired Discharged Dep Family

LEO Call for Service N/A [Emergency Custody occurred after Respondent arrived at TAS]

- Dispatched - MH Call Dispatched - Serve ECO Dispatched - Welfare Check
 Officer Initiated Call Dispatched - Nuisance Call Dispatched - Other

Name of Responding Officer _____ Agency and Badge # _____ Date/Time Ofc. Arrive on Scene _____ Date/Time Field Disposition _____

Primary Field Disposition

- Voluntary Transport ECO Criminal charge & arrest (Note Arrest Class and Charges below)

Primary Field Disposition Location

- Therapeutic Assessment Site Other location Jail/Criminal Justice Facility

Injuries? (After an officer arrives on scene.)

- None Subject injures officer Subject Injures self Subject Injures Bystander Officer Injures Subject

Individual was taken into Emergency Custody Pursuant to:

- § 37.2-808: Order issued by the Office of the Magistrate;
Executed at _____ Expires at _____
- § 37.2-808 G: Initiated by a Law Enforcement Officer;
Executed at _____ Expires at _____

Did this referral to the TAS allow you to divert from the legal system? Yes No

Name of executing/initiating Officer _____ Agency and Badge # _____ Date/Time Arrival at TAS _____ Date/Time VCSB Notified _____

The Therapeutic Assessment Site accepts a Transfer of Custody for this individual pursuant to § 37.2-808 E, and in accordance with the Memo of Agreement establishing the policies and procedures for such transfer.

Name of Security or TAS Officer _____ Agency and Badge # _____ Signature _____ Date/Time of Transfer to TAS _____

Custody returned to Patrol Officer due to end of TAS LEO staffing shift.

Name of Patrol Officer _____ Agency and Badge # _____ Signature _____ Date/Time of Transfer to Patrol _____

Referral Source:

- Self.
 Family/Other Civilian.
 CIT Officer.
 Non-CIT Officer
 CIT First Responder (Include CSB ES Clinician)
- Non-CIT First Responder (Include CSB ES Clinician)
 CIT Jail/Corrections Officer
 Non-CIT Jail/Corrections Officer
 ED/Medical Referral
 CSB (Other than ES)

Disposition:

- No further treatment required.
 Individual declined referral; no involuntary action taken.
 Referral to Ambulatory (Outpatient) Crisis Stabilization.
 Referral to other Outpatient/community treatment
 Referral to Residential Crisis Stabilization: _____
- Voluntary Inpatient admission to: _____
 Involuntary (TDO) Inpatient admission to: _____
 Medical Admission to: _____
 Arrest Misdemeanor Felony
Charges _____

Name of CSB Evaluator _____ Signature _____ Date/Time Clinical Disposition _____ Date/Time Departure from TAS _____