**DEPARTMENT OF HEALTH AND FAMILY SERVICES** **STATE OF WISCONSIN**
Division of Care and Treatment Services
F-25904 (01/2017)

# ADMISSION TO CASELOAD – REVOCATION

Completion of this form is required by the Conditional Release Program. Information will be used to determine client profile, quality assurance, recidivism rates and alternatives to recidivism.

| Name – Client (Last, First MI) | Name – Regional Provider |
|---|---|

Diagnosis:

| Name – Case Manager (Last, First MI) | Name – Court |
|---|---|
| Name – Parole Agent (Last, First MI) | Name – Judge (Last, First MI) |
| Name – Defense Attorney (Last, First MI) | Name – District Attorney (Last, First MI) |

List treatment / support persons involved in client's care ( i.e. therapist / counselor, vocational rehabilitation, group home contact etc.) and average number of contacts with each listed 30 days prior to revocation.

| Name (Last, First MI) | Title | No. of Contacts |
|---|---|---|
| | | |
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List support persons who impact on the client's life (i.e., parents, significant friends, partner, mentor, spouse, children)

| Name (Last, First MI) | Relationship |
|---|---|
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| | |

Reason for return to institution care

Treatment History (briefly list facility / provider beginning and end dates)

| Facility / Provider | Begin Date | End Date |
|---|---|---|
| | | |
| | | |
| | | |

Release Origin
☐ MMHI ☐ WMHI ☐ Direct Court
☐ Maximum
☐ Medium ☐ Medium
☐ Minimum ☐ Minimum

Employment Status
☐ Sheltered
☐ Competitive
☐ Part Time
☐ Full Time

Length of time at MHI prior to conditional release

Length of time on conditional release prior to revocation

How does the client spend his / her day? (general / typical day – activities, contacts, etc.)

Adjustment to Treatment

Significant Life Events (Recent, and / or dates of past events that may impact on mental health

Attachments (Check if attached)
☐ Demographics – Regional Provider Face Sheet
☐ Current Individual Service Plan
☐ Statement of Probable Cause
☐ Criminal History (CIB)
☐ Client's perception of reasons for revocation