**OSH REQUEST FOR COMMUNITY EVALUTION**

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| Date of Request: **DATE**  Client: **Client Name**  Current Placement: **Placement/Unit** | Requestor: **Social Worker**  Requestor Phone: **Phone**  Requestor Email: **Email** |

Supervising agency is requesting the PSRB order an evaluation to the following community program:[[1]](#footnote-1)

**County**

**Name of Agency**

**Name of recommended placement** [[2]](#footnote-2)

Materials included with this request include (attach all required documentation):[[3]](#footnote-3)

Attained conditional release readiness status from risk review on **DATE** (Required)

Completed Violence Risk Assessment on **DATE** (Required)

Completed other focused Risk Assessment (e.g. SORA, Neuropsychological, Fire Setting, Stalking)

Completed START on **DATE** (Required)

Most recent prescriber note **DATE** (Required)

Release of Information (Required)

**Describe other included documentation**

Additional Information:

Client has no other ordered evaluations at this time.

Client has other ordered evaluations at **Name of Program(s)**; however, additional evaluations are requested at this time because **Explain**.

Client is under the PSRB pursuant to ORS 426.701.[[4]](#footnote-4)

Client’s instant offense is Murder.[[5]](#footnote-5)

Please include any known victim information: **Explain**.

*Upon receipt of a completed request, the PSRB will order the evaluation pursuant to our Community Evaluation Process. OSH treatment teams are strongly encouraged to be familiar with state-wide* [*PSRB conditional release placements*](https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&cad=rja&uact=8&ved=2ahUKEwjt79qEm-n2AhUTPH0KHdk9AG0QFnoECAsQAQ&url=https%3A%2F%2Fwww.oregon.gov%2Fprb%2FDocuments%2FPSRB%2520CR%2520Guide%2520FINAL.pdf&usg=AOvVaw164RsOEH_kWcLZ9TjLZ-vr)*. Prior to requesting an evaluation, outreach to the prospective community program is highly recommended to discuss goodness of fit considerations, risk-needs-responsivity factors, vacancy timelines, and/or other specialty funding/resource needs.*



1. Complete this form for each placement requested. Please limit requests to two placements at a time. [↑](#footnote-ref-1)
2. CMHP independently evaluates for the appropriate level of care. [↑](#footnote-ref-2)
3. Complete this section for each placement requested, but the documentation itself only needs to be submitted once. [↑](#footnote-ref-3)
4. Evaluation request requires a Board administrative review. [↑](#footnote-ref-4)
5. Evaluation request requires a Board administrative review. [↑](#footnote-ref-5)