

WINONA COUNTY REENTRY ASSISTANCE PROGRAM+ **CONFIRMATION OF PARTICIPANT STATUS** (Revised 8/22/23)

To be completed by the case manager. Internal Use Only.

Client Name: _____

DOB:_____
First Name/Last Name

NOTE: In order for an Accepted Applicant to become a Participant, the Accepted Applicant must sign a WRAP+ Release of Information AND must have a valid comprehensive mental health evaluation that recommends ARMHS (unless the Accepted Applicant is a Treatment Court Participant). Funding is available to Accepted Applicants to pay for a comprehensive mental health evaluation if there are no other funding sources for that assessment. To access funding, the Case Manager should complete a **Funding Request Form.**

The above client has signed a WRAP+ Release of Information. Date signed:

The above client has a valid comprehensive mental health evaluation. Details are provided below:

- Date of Assessment:
 Type of Assessment:
- Assessing Agency/Individual:_____
- Diagnosis:_____ •

Treatment Recommendations:_____

ARMHS is one of the treatment recommendations (must be checked, unless Accepted Applicant is in treatment court).

Although a chemical dependency assessment is not required for an Accepted Applicant to become a Participant, data on CD assessments is being collected for grant reporting purposes. Please provide the following information on the most recent chemical dependency assessment completed by the above individual.

Date of Assessment:	Type of Assessment:
Assessing Agency/Individual:	
Diagnosis:	
Treatment Recommendations:	
Case Manager Name:	Date Completed/Updated:
Printed Name:	Title:

Please e-mail this form to Kalene Engel at kalene@engellawoffice.com when complete so that the change in status can be recorded and the Accepted Applicant's file can be transferred to the Participant folder. Kalene will transfer the folder from the Accepted Applicant to the Participant folder.