

INITIAL CONTACT REPORT
COMMUNITY TREATMENT SERVICES

FEDERAL BUREAU OF PRISONS
U.S. DEPARTMENT OF JUSTICE

This documents and notifies Community Treatment Services staff of initial face-to-face contact with the inmate.

TREATMENT PROVIDER/AGENCY: Transitional Care Management, LLP

Address:

City/State/Zip: Fort Worth, TX

Telephone: 512-423-0808

Fax: 512-872-5336

INMATE NAME:

REG. NO.:

DATE OF INITIAL CONTACT:

If the contact was made more than ten (10) calendar days after the date treatment was authorized to begin on the referral form, please detail below the reason.

REASON INITIAL CONTACT IS LATE:

Was the BP-A0528 Authorization for Release of Information
(ROI) form completed prior to or during the initial contact?



Yes



No

Was the BP-A0750 Agreement to Participate in Community Treatment
(Informed Consent) form completed during the initial contact?



Yes



No

Were the completed ROI and Informed Consent forms forwarded to
Community Treatment Services Staff with this Initial Contact?



Yes



No

Treatment Provider

Signature:



PRINT Name: Lauren Herraiz

Date:
