



Has the applicant received current or previous Mental Health/psychiatric Treatment?  Yes  No

(If known, list Treatment Type/Facility/Dates)

Has the applicant been diagnosed with a *severe & persistent* mental illness?  Yes  No

*If Yes, what is the disorder?*

Defined as: Adults with a serious mental illness are persons: (1) age 18 and over, (2) who currently or at any time during the past year, (3) have a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria specified within the Diagnostic and Statistical Manual of Mental Disorders (DSM)-IV-R, (4) that has resulted in functional impairment which substantially interferes with or limits one or more major life activities...All of these disorders have episodic, recurrent, or persistent features; however, they vary in terms of severity and disabling effects.

Does individual have insurance?  Yes  No

**If Yes; Insurance information:**

Does individual receive SSI, W2, Veterans benefits?  Yes  No

**Check all that Apply:**

- Applicant agrees to abide by the Program Rules, is willing to participate & agrees to sign all releases of information as requested
- Applicant physically able to participant in treatment and program
- Applicant willing to address needs to manage mental illness
- Currently has an established treatment provider
- Does not have prior/current sex offenses, stalking, arson, or kidnapping offenses.
- Has previously established treatment provider
- If ATR, Applicant has at least 12 months of supervision left with probation/parole

**Has the applicant previously been admitted into a Treatment Court?**

Yes (Year?      Where?      )

*If Yes, did applicant successfully complete?*  Yes  No

*If No, explain why applicant did not:*

No

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Please submit form to: Kelly Henneman, Administrative Specialist I (Ground Floor Department of Human Services)

715-839-6136 [kelly.henneman@co.eau-claire.wi.us](mailto:kelly.henneman@co.eau-claire.wi.us)

Questions? Contact: Brianna Albers, Treatment Court Supervisor (Ground Floor Department of Human Services)

715-450-6167 [brianna.albers@co.eau-claire.wi.us](mailto:brianna.albers@co.eau-claire.wi.us)