



Niagara County Department of Mental Health and Substance Abuse Services

Court Based Mental Health Navigator Program (CBMHN)

Referral Form

Date:

Defendant Name:

DOB:

Address:

Phone Number:

Referred by (Name, Agency, Contact Information):

The individual being referred meets the following Court Based Mental Health Navigator Program (CBMHN) eligibility requirements:

- ✓ Is involved with Justice System
- ✓ Is charged with a felony or misdemeanor offense
 - ✓ Is in the community pending the outcome of their case **or**
 - ✓ Are released from jail while their criminal case is pending
- ✓ Have mental health and related service needs

The individual being referred to the Court Based Mental Health Navigator Program (CBMHN) needs assistance with (Please check all that apply):

___ Mental Health Treatment / Services

___ Substance Use Treatment / Services

___ Trauma Treatment

___ Domestic Violence Services

___ Aging Services

___ Housing Assistance

___ Employment Assistance

___ Education Assistance

___ Financial / Benefits Assistance

___ Transportation Assistance

___ Food Assistance

___ Clothing Assistance

___ Other related service needs, please list: _____

Send Referral Form Attention To: Court Based Mental Health Navigator

Fax: (716) 278-8130 or email NCDMH@niagaracounty.gov Phone: (716) 285-3519 for more information