COVER SHEET TO DEPARTMENT OF CHILDREN AND FAMILIES

This form must be completed in its entirety and attached to the forms listed below. The Provider must submit the forms within **five** working days of the individual's arrival at the facility or upon the facility's receipt of a court order for involuntary inpatient placement or involuntary outpatient placement. All receiving facilities must submit forms to the Baker Act Reporting Center using their Secure File Transfer Protocol to: https://www.usf.edu/cbcs/baker-act/for-providers/electronicsubmission.aspx

Check the box to indicate the type of form(s) attached

- ☐ **Ex-Parte Order for Involuntary Examination**
- ☐ **Report of Law Enforcement Officer Initiating Involuntary Examination**
- ☐ **Certificate of Professional Initiating Involuntary Examination**
- ☐ **Involuntary Inpatient Placement Order**
- ☐ **Involuntary Outpatient Placement Order**
- ☐ **Continued Involuntary Outpatient Placement Order**

Identifying Information about the person (if known)

Person's Name (please print):

Florida County of Residence: **OR** State (if not FL):

Florida Zip Code of Residence: **OR** ☐ Homeless (no zip code)

Social Security Number: Date of Birth M M – D D – Y Y Y Y

The Social Security information requested on this form is being collected for the purpose of compliance with Section 394.463(2)(e), Florida Statutes. The collection of this information is imperative for the performance of the Department's duties and responsibilities, as prescribed by law, and is authorized under Section 119.071(5), Florida Statutes.

Gender
- ☐ Female
- ☐ Male

Race
- ☐ Caucasian/White
- ☐ African-American/Black
- ☐ Asian
- ☐ American Indian or Alaskan Native
- ☐ Native Hawaiian or Pacific Islander
- ☐ Other: _____

Hispanic Origin?
- ☐ Yes
- ☐ No

Immediately prior to this exam and/or placement, was the person in:

Yes	*No*	**Answer for Children Only (under age 18)**
☐	☐	Was this child in Department of Juvenile Justice custody prior to this exam or placement?
☐	☐	Was this child in Department of Children and Family custody (such as sheltered with a relative or caregiver, or foster care) prior to this exam or placement?
☐	☐	Was this child in school prior to this exam or placement?

Yes	*No*	**Answer for Adults Only (age 18 and over)**
☐	☐	Was this adult in a nursing home prior to this exam or placement?
☐	☐	Was this adult in an Assisted Living Facility (ALF) prior to this exam or placement?
☐	☐	Was this adult in jail prior to this exam or placement?
☐	☐	Was this adult homeless prior to this exam or placement?

Has this person ever served in the US Military?
☐ Yes ☐ No ☐ Unknown

Information about school, DJJ Facility, jail, nursing home, group home, ALF or homeless shelter, if box for any of these locations checked "Yes":

Name of School or Facility: _____

Street Address: _____ City/Town: _____ Zip: _____

License # (for nursing homes and ALFs only): _____

Find nursing home and ALF information at http://www.floridahealthfinder.gov/facilitylocator/FacilitySearch.aspx

Was the individual admitted to the Baker Act receiving facility? ☐ Yes ☐ No

If Yes, date of discharge (if applicable): _____

Name of Provider:

Address:

Provider Phone Number: ext:

OR **FMHI Assigned Provider #:**

Name of Person Completing Form (please print):

Date Completed: Date Person Arrived at Facility: