



**STATE OF MONTANA**  
**DEPARTMENT OF CORRECTIONS**  
**DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES**  
**OFFENDERS WITH MENTAL ILLNESS**  
**MEDICATION REQUEST FORM**

<b>NAME:</b> _____	<b>DOC ID#:</b> _____
<b>ADULT:</b> <input type="checkbox"/>	<b>YOUTH:</b> <input type="checkbox"/>
<b>DISCHARGE DATE:</b> _____	

<b>MEDICATION INFORMATION:</b>	<b>NAME:</b> _____	
<b>DOSAGE:</b> _____	<b>DURATION:</b> _____	<b>COST EST.:</b> _____
<b>Justification for need of medication:</b>		
<input type="checkbox"/> Ongoing Support	<input type="checkbox"/> Crisis Stabilization	<input type="checkbox"/> Pending Benefit Application Approval
<input type="checkbox"/> Other (specify): _____		
<b>Prescribing Professional:</b> _____		
<b>Pharmacy Information:</b>	<b>NAME:</b> _____	
	<b>ADDRESS:</b> _____	
	<b>PHONE #:</b> _____	

**COMMUNITY PLACEMENT:**  Prerelease;  ISP/ESP;  Probation;  Parole;  
 Other, Please Specify: \_\_\_\_\_

**YOUTH SERVICES DIVISION PLACEMENTS:**  
 Group Homes;  Parole;  Other, Please Specify: \_\_\_\_\_

**SHORT-TERM GOAL:** \_\_\_\_\_

**LONG-TERM GOAL:** \_\_\_\_\_

**6 – MONTH UPDATE:**  Continuation of services;  Changes in services: \_\_\_\_\_

<b>Supervising Staff Signature</b>	<b>Date</b>	<b>Staff Manager's Signature</b>	<b>Date</b>

<input type="checkbox"/> <b>APPROVED</b>	<input type="checkbox"/> <b>DENIED</b>
<b>PRC/TX Program Manager</b>	<b>Date</b>

**RELEASE FROM PROGRAM:**

Benefit Enrolled;  
 Discharged Sentence;  
 New Crime;  
 Revocation/Return to Secure Care;  
 Voluntarily left Program.

**COMMENTS:** \_\_\_\_\_

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