# OFFENDERS WITH MENTAL ILLNESS
## MEDICATION REQUEST FORM

<table>
<thead>
<tr>
<th>NAME:</th>
<th>DOC ID#:</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADULT:</td>
<td>YOUTH:</td>
</tr>
<tr>
<td>DISCHARGE DATE:</td>
<td></td>
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</tbody>
</table>

### MEDICATION INFORMATION:
- **NAME:**
- **DOSAGE:**
- **DURATION:**
- **COST EST.:**

**Justification for need of medication:**
- [ ] Ongoing Support
- [ ] Crisis Stabilization
- [ ] Pending Benefit Application Approval
- [ ] Other (specify):

**Prescribing Professional:**
- **NAME:**
- **ADDRESS:**
- **PHONE #:**

### 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

<table>
<thead>
<tr>
<th>Supervising Staff Signature</th>
<th>Date</th>
<th>Staff Manager’s Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] APPROVED</td>
<td>[ ] DENIED</td>
<td></td>
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</tbody>
</table>

**PRC/TX Program Manager**
- **NAME:**
- **DATE:**

**RELEASE FROM PROGRAM:**
- [ ] Benefit Enrolled
- [ ] Discharged Sentence
- [ ] New Crime
- [ ] Revocation/Return to Secure Care
- [ ] Voluntarily left Program

**COMMENTS:**

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DOC/DPHHS 4.5.29 (Attachment) Prescription Medication for Offenders with Mental Illness – Revised 10-27-09