# Authorization of Ambulance/Secure Transportation Services under the Involuntary Treatment Act (ITA)

## *Use this form for mental health transports and for substance use disorder transports.*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Client name | | | | Date of transport | | County of residence |
| Address | | | City | | State | ZIP Code |
| Homeless | Transient | Other: | | | | Gender  Male  Female |
| Birthdate (MM/DD/YYYY) | | SSN | | ProviderOne ID | | |

## *The section below must be completed by a Designated Crisis Responder (DCR).*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Reason for detention** (check all that apply):  Danger to self  Danger to others  Gravely disabled  LRA revocation  Danger to property | | | | | |
| **ITA status at time of transport:**  Detained  Committed  LRA/CR revoked *LRA = Less restrictive alternative/CR = Conditional release* | | | | | |
| Date of detention | Destination facility name | | | | Destination county |
|  | |  |  |  | |
| **DCR Attestations**  By signing below, I certify that the following statements are true:   * The above-named individual has been assessed by a DCR and found to meet criteria for detention/revocation/commitment, per RCW 71.05, or RCW 71.34. * I am authorized to take said individual or cause said individual to be taken into custody and placed into a treatment facility or crisis center, per RCW 71.05.150(4), or RCW 71.05.153(1). * The individual named above has been detained, committed, or is being returned to the hospital by a petition for detention/revocation or an order of commitment pursuant to RCW 71.05, or RCW 71.34. | | | | | |
| Signature of DCR | | | | Date | |
| Name of DCR (print) | | | BHO (including county) | | |

## PROVIDER: Attach a completed copy to your claim; keep the original in the client’s file.