

TARGETED INDIVIDUAL RESOURCE GUIDE

January 2018



People Against Covert Torture
& Surveillance, International

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Programs and Services

The Advocate Program

This is a program that focuses on one-on-one assistance for TI's in distress. With the assistance of technical members and layperson volunteers, we reach out directly to those severely targeted or distressed to intervene in their situations in terms technical evidence-gathering and documenting evidence of physical, mental, and emotional abuse. Volunteers in the nearby vicinity may also accompany targeted individuals to meetings, appointments or even court dates to advocate on behalf of victims.

The Cleansing Psy Phenomena

This is a comprehensive scanning, detection, and therapy program for those TI's suffering from severe electronic harassment. The initial phase requires a trip to facilities in New York City where they will be evaluated and placed into an individualized treatment and therapy program designed according to their targeting paradigm. Several days to several weeks of ongoing therapy and follow-up are included in the treatment program.

The Shielding Manual

Our Shielding Manual will soon be available and is being developed by some Advocate Program members. It will initially consist of a Shielding Survey, which lists commonly-used materials and methods for self-protection against radio-frequency and other types of attacks and rates their effectiveness among community members.

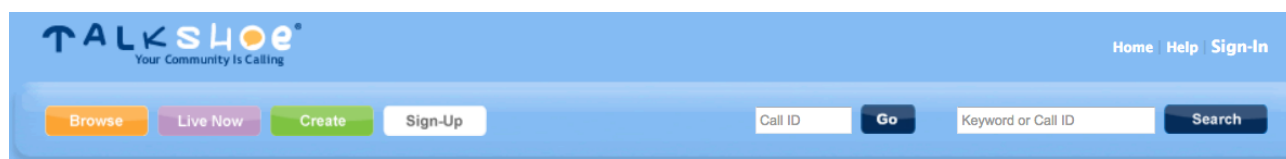
It will also list some alternative shielding methods that may also be effective against the covert attacks as well as recommended devices for radio-frequency detection.

Other Services

- Local Support Groups
- Bi-weekly Podcasts
- Conference calls
- Online and Home-delivered Newsletters

TARGETED INDIVIDUAL HELP LINES

TARGETED INDIVIDUAL HELP LINES



Talkshoe is the Community Help Line for Targeted Individuals (<http://www.talkshoe.com>). This is where you would go if you want to be online and have use of the chat room while the calls are in session. **This is for online access only. You can dial directly using the “Contact #” provided below, follow prompts when asked, and be immediately connected to “live” conversations for that specific day and time.**

To Contact the Talkshoe Conference Call: Dial the appropriate Contact Number, Enter the Conference ID and Pin (if required) when prompted. You are now in a live conversation.

For online Access, you can create an account as a member of Talkshoe or sign up as a Guest. Follow instructions on page. Once a member you can chat. You can also call in to be able to speak and chat.

Again, you do not need to “Sign-Up” as a Talkshoe Member or a Guest to connect to these live calls, only if you want to participate online.

IF YOU ARE IN “CRISIS”, PLEASE ANNOUNCE THIS IMMEDIATELY TO THE HOST

Day	Time	Contact Number	Conference ID	PIN	Host
Sunday	3:00 pm EST	(724) 444-7444	114616#	Accepts Guest 1#	Renata
Sunday	9:00 pm EST	(724) 444-7444	134999#	Accepts Guest 1#	Neal - Florida
Sunday	Continued	(724) 444-7444	134999#	Accepts Guest 1#	Neal - Florida
Monday	6:00 pm EST	(641) 715-0632	116202#	Do Not Accept Guest	Mike
Monday	9:00 pm EST	(319) 527-2701	248671#	Do Not Accept Guest	Derrick
Monday	Following Derrick’s Call	(724) 444-7444	142298#	Accepts Guest 1#	Ken
Tuesday	6:00 pm EST	(724) 444-7444	143944#	Accepts Guest 1#	Terry

TARGETED INDIVIDUAL HELP LINES

Tuesday	8:00 pm EST	(724) 444-	140567#	Accepts Guest 1# Community Church	Millicent
Tuesday	9:00 pm EST	(724) 444-7444	141476#	Accepts Guest 1#	Ella
Tuesday	Following Ella's Call	(724) 444-7444	142298#	Accepts Guest 1#	Kyle
Tuesday	7:00 pm EST	(724) 444-7444	144741#	Accepts Guest 1# Bible Study	Brian
Wednesday	8:00 pm EST	(724) 444-7444	140567#	Accepts Guest 1# Bible Study	Julie
Wednesday	9:00 pm EST	(646) 749-3112	450 414 301#	Do Not Accept Guest	Frank
Wednesday	Following Frank's Call	(724) 444-7444	142298#	Accepts Guest 1#	Ken
Thursday	6:00 pm EST	(724) 444-7444	145495#	Accepts Guest 1#	Sue - Florida
Thursday	9:00 pm EST	(724) 444-7444	141476#	Accepts Guest 1#	Ella
Thursday	Following Ella's Call	(724) 444-7444	142394#	Accepts Guest 1#	Kyle
Friday	6:00 pm EST	(646) 749-3112	450 414 301#	Do Not Accept Guest	Frank
Friday	9:00 pm EST	(724) 444-7444	140091#	Accepts Guest 1#	Linda
Friday	Following Linda's Call	(724) 444-7444	142298#	Accepts Guest 1#	Ken
Saturday	6:00 pm EST	(724) 444-7444	140567	Accepts Guest 1# Community Church	Millicent
Saturday	8:00 pm EST	(724) 444-7444	144771#	Accepts Guest 1#	Loren
Saturday	9:00 pm EST	(319) 527-2701	248671#	Do Not Accept Guest	Derrick

What You Can Do

Here is a list of actions that you can take if you find that you are a victim of organized stalking and/or electronic harassment

- Remain calm. Fear is one of the perpetrators' greatest weapons.
- Try to find and connect with others near you that understand your situation. Isolation is also a very important weapon.
- Refrain from calling the police too often or else you risk being hauled away to the psych ward. Generally speaking, they cannot do much to help at this time, anyways.
- **If/when speaking to hospital personnel, refrain from speaking about your targeting. One word about group stalking and/or electronic harassment and they will detain you and check you into their psych ward. You can tell them your symptoms, however, do not explain that you believe organized stalking or electronic harassment is what caused them. Otherwise, they will detain you.**

Here are some guidelines in the event of a psychiatric hold:

- You should become familiar with state's laws regarding involuntary psychiatric holds
- Patients should inquire about his/her rights
- Patient should consult with the patient advocate get list of patient rights
- Group lawyer and/or psychologist contacted (fees associated with this step)
- Contact someone in the community to inform of the involuntary hold
- Observe what police say to you
- Contact human rights groups
- Document medications before and after admission
- Request medical records after discharge

For additional help, please call or write to us at:

Email: info@pactsntl.org

Phone: 1-888-639-5559

SUPPORT LETTER

The following is our sample Letter of Support which is available to those in the community by request. It is our statement of support for the claims that many TI's are making. It can be presented to whoever the targeted individual would like to speak to about our issues whether it be a doctor, lawyer, elected official, journalist, family member, or friend.

For a personalized copy with your name added, please send an email with Subject line, 'Letter of Support' to: info@pactsntl.org

PSYCHIATRIC LIVING WILL AND NO SUICIDE TESTAMENT LETTERS



PO Box 1925
29 Palms, CA 92277
Website: www.pactsntl.org
Email: info@pactsntl.org

Date:

Dear Friend of

I am writing to you today as President of a human rights group called, PACTS, International and in support of ----- . ----- is a targeted individual who has come to our organization seeking assistance due to being harassed and tormented by groups of organized stalkers who may use covert microwave technologies to injure, debilitate, or in some instances even cause fatalities at short or long-range.

----- has suffered greatly because these groups and their technologies are mostly unknown to the general public and help for those who become entrapped in this matrix is nearly non-existent. We are therefore, working diligently to address the issues related to his concerns.

The microwave and other types of signals can cause a variety of sometimes serious effects on the human mind and body, including: heart attacks, strokes, cancers, synthetic telepathy (the effect of broadcasting the human voice into a person's thoughts), headaches, disorientation, memory loss, nausea, nosebleeds, forced speech, blurred vision, ringing in the ears, muscle cramps, convulsions, pain in the joints and limbs and much more.

Our organization was formed to advocate for victims, educate the public, and bring awareness of the illegal activities of these harassment groups. The proliferation and abuse of remotely-invasive technologies is ruining the lives of many thousands of citizens in the US and millions of people worldwide.

We are seeking legislation, protection, and freedom for victims from what is known as "the Secret Holocaust."

For more information, please visit our website and contact us via the address listed above or contact me directly at the cell number listed at the end of this letter.

Peace & Liberty,
Derrick Robinson, President
People Against Covert Torture & Surveillance
www.pactsntl.org
1-888-639-5559



People Against Covert Torture & Surveillance, International
PO Box 1925
29 Palms, CA 92277
Website: www.pactsntl.org
Email: info@pactsntl.org

Date _____

TO WHOM IT MAY CONCERN:

I, _____ presently residing in _____, do hereby state and swear (or affirm) that despite the serious effects that electronic assault has caused on both my mind and body, I am of sound mind and I do not now, nor will I ever, contemplate committing suicide. More emphatically, I will not take my own life under any circumstance.

I feel that it is necessary for me to make this declaration publicly, as victims of electronic and/or mind control torture sometimes die under very suspicious circumstances that appear to be suicide.

Should I die under strange circumstances, the authorities should know that my death was not caused by my own hands. Therefore, I hereby authorize medical and local authorities to perform an autopsy upon my body and to fully investigate my death. I hereby expressly state that I do not want my body disposed of until the cause of death has been thoroughly investigated and determined.

When I die, unless my death has been caused absolutely from natural causes, I want an autopsy on my body and I want the circumstances of my death investigated.

I am entrusting People Against Covert Torture & Surveillance, (PACTS), International, an organization comprised of similar victims, with a copy of this sworn statement. I authorize PACTS, International to assist with my wishes in any manner it deems necessary.

I swear (or affirm) that the foregoing is a true statement of fact, under pain and penalty of perjury.

Printed Name _____ Signature _____

Witnesses:

Printed Name _____ Signature _____

Printed Name _____ Signature _____

Notary Public Seal:

Psychiatric Living Will

The following declaration should be signed and, where possible, witnessed, in addition to a notary public, by a trusted family member and/or confidant. Make several copies of the document with each copy notarized. Courts may not recognize the Living Will unless you have it filed with an attorney/lawyer, so provide a copy to your appointed legal representative and to each of the person(s) named below. It is also recommended that a copy of this be forwarded to CCHR International or nearest local CCHR chapter available at (www.cchr.org—global locator address). CCHR International’s address is 6616 Sunset Blvd., Los Angeles, California, United States, 90028.

PSYCHIATRIC “LIVING WILL” (Advance Protective Directive)

I, _____ born on _____
in _____, current address _____

being of sound mind, willfully and voluntarily make known my desire that should it be so considered or decided that I be subject to involuntary incarceration or hospitalization (also known as committal and certification) in a psychiatric hospital, ward, facility, home or nursing home, and/or that I be subject to psychiatric procedures, including psychotropic drugs (including, but not limited to antipsychotics, antianxiety drugs, benzodiazepines, tranquilizers, antidepressants, psychostimulants or mood stabilizers) or any other physical or biological psychiatric therapy, I direct that such incarceration, hospitalization, treatment or procedures not be imposed, committed or used on me.

I refuse contact with and treatment by any psychiatrist, psychologist or other mental health practitioner as these practices, according to my personal, philosophic and/or religious convictions, do not adequately or properly diagnose and such diagnoses can constitute a false accusation about my behavior and/or beliefs and practices, are stigmatizing and therefore a threat to one’s reputation and physical and mental well-being. Any of their treatments, given against my express wish, are an intrusion upon and thus an assault on my body and constitute, in my view, assault.

Among other situations, the above directions and positions apply in any case where my capacity or ability to give instructions may be or may be claimed to be impaired, or should I be in a state of unconsciousness, or should my communication in an actual and/or legal sense be impossible, or where any psychiatrist, psychologist, mental health practitioner, or law enforcement official or person asserts that the matter is a “life-saving” situation

requiring emergency intervention and/or treatment under any involuntary commitment law or similar legal authority.

In the absence of my ability to give further directions regarding the above, it is my intention that this declaration be honored by my family and physician(s) as an expression of my legal right to refuse medical, psychological, psychiatric or surgical treatment.

The lawyer mentioned below is appointed and authorized to institute appropriate proceedings on my behalf should the above declaration be violated and have my permission herewith to proceed with whatever criminal and/or civil procedures necessary to rectify such a violation.

I herewith authorize the following person(s) with the enforcement of this declaration of intention:

(Name of lawyer/attorney)

Contact information

(Family member or other)

Contact information

The declaration is also binding for my lawful agents, guardians, family, executors or any person with the legal or other right to take care of me or my affairs.

Signed Date

Address

Signature of notary/justice of the peace/attorney, etc.

Name of notary, etc.

Before me on this date (date notary witnessed the signature)

at (place where signature is witnessed/notarized)

PROFESSIONAL SERVICES

PROFESSIONAL SERVICES

CONSULTATIONS FOR TARGETED INDIVIDUALS

[HOME](#)[ABUSES AGAINST TARGETS](#)[RATES AND SERVICES](#)

ADVISER, CONSULTANT, AND ADVOCATE FOR WHISTLE-BLOWERS AND
OTHER TARGETS OF COVERT HARASSMENT AND SURVEILLANCE

**Cathy Meadows, M. A., Clinical Psychology
Consultant/Expert Witness for
Victims of Bullying, Whistle-blower Retaliation, and
Covert Harassment and Surveillance
707-720-7137**

**Professional Consultations for People Experiencing
Whistle-Blower Retaliation
Covert Harassment and Surveillance
Civil Rights Abuses**

[Ask about Microchip scanning](#)

[How Can I Help?](#)

*** I can advocate for you with family, friends, employers, professionals, etc., and I can write letters or speak over the phone with significant people in your life to explain your situation, if needed. I will back you up.**

*** I can act as an Expert Witness in a court of law through documentation.**

*** I will take constructive action against the harassment by dealing with it and working around it. Efforts are made to end the harassment if possible.**

[I Will Work For You and Shield You By:](#)

- * Advocating for You in the Courts**
- * Advocating for You at Your Place of Business**
- * Advocating for You With Your Friends and Family**

**[For a free consultation to determine your needs, please call me at:
707-720-7137](#)**

PROFESSIONAL SERVICES CONTINUED

ATTORNEY

Peter Cole

For assistance: Law Office of Peter Cole

Southern Cal. area - *California residents only*

~ not necessarily for solely TI issues ~

877 814-6614 / 702-821-5089

pdcole@basicisp.net.

PARALEGAL SERVICES

Dave Liberator

Freelance Paralegal and Legal Researcher

-- Draft documents

-- Legal research

Contact:

FOR A BETTER EXISTENCE

www.forabetterexistence.org

Twitter: @4aBetterExistnc

Facebook: Dave Liberator

Facebook: FOR A BETTER EXISTENCE

(929) 266-9307 | harrisd2028@gmail.com

WEBSITES FOR FURTHER GUIDANCE AND EDUCATION

WEBSITES FOR FURTHER GUIDANCE AND EDUCATION:

<http://www.pactsntl.org>

People Against Covert Torture
& Surveillance, International



<http://citizensaht.org>

Citizens Against Harmful Technology



CitizensAHT.org
Website Dedicated to
Targeted Individuals



Contact: CitizensAHT@protonmail.com

<https://www.stopgangstalkingcrimes.com>



STOP GANGSTALKING CRIMES

**BECOME AWARE
EMPOWER YOUR WORLD**

**LEARN THE TRUTH ABOUT AND BECOME AWARE OF
GANGSTALKING - TARGETED INDIVIDUALS (TI'S)
DIRECTED ENERGY WEAPONS (DEW'S)**

WEBSITES FOR FURTHER GUIDANCE AND EDUCATION:

<https://www.freedomfortargetedindividuals.org>



<http://targetedmassachusetts.org>




Targeted Massachusetts
STARS International



SHELTERS

SHELTERS

Resources and assistance to support HUD's community partners



HUD EXCHANGE
Secretary Ben Carson

[Home](#) > [Need Housing Assistance?](#)

[NEED HOUSING ASSISTANCE?](#)

[Email Updates](#) | [Log In](#)

[Programs](#) ▾ [Resources](#) ▾ [Trainings](#) [Program Support](#) ▾ [Grantees](#) ▾ [News](#)

Local agencies provide a range of services, including food, housing, health, and safety. Contact a national hotline or locate an organization near you.

Housing Assistance

- Find [affordable rental housing](#) near you.
- Search for a HUD home to purchase on [HUDhomestore.com](#).
- Contact a [housing counseling agency](#) in your area or call 800-569-4287.
- File a [housing discrimination complaint](#).
- Find [tenant rights assistance](#).

Food

- Find your local [Food Bank](#).
- Apply for [WIC \(Women, Infant, and Children\) Benefits](#).
- Apply for [SNAP \(Supplemental Nutrition Assistance Program\) Benefits](#).

Learn more about other [available food programs](#).

Health and Safety

- Locate a [Health Center](#) near you, including Health Care for the Homeless Programs.
- Locate a [Diaper Bank](#) near you that distributes diapers to families in need.
- [National Domestic Violence Hotline](#): 1-800-799-7233 is available 24/7 to talk confidentially with anyone experiencing domestic violence, seeking resources or information, or questioning unhealthy aspects of their relationship.

Employment and Job Training

- DOL's [Employment and Training Helpline](#): 1-877-872-5627 provides information for job seekers, workers, and employers on employment and training.
- [Workforce Development Board Locator](#) provides local job centers where job seekers can get employment information, find out about career development training opportunities and connect to various programs in their area.
- The [American Job Center Finder](#) provides local job centers that help job seekers find jobs, training, and answer other employment related questions.
- DOL's [Employment Training page](#) provides a short-term training finder, an education and training finder, a Certification Finder, links to Apprenticeship programs, financial aid, and much more.
- [Unemployment Benefits Finder](#) provides information about filing for unemployment benefits by state.

- [Job Corps Helpline](#): 1-800-733-5627 provides information about this education and training program that helps young people learn a career, earn a high school diploma or GED, and find and keep a good job.

Veterans

- [Help for Homeless Veterans Helpline](#): 1-877-424-3838 provides 24/7 access to VA's services for homeless and at-risk Veterans.
- [Veterans.gov](#) provides employment opportunities for veterans including job postings, local career centers, and online self-assessments.
- Locate a [VA Medical Center](#) for medical care.
- Locate a [Community Resource and Referral Center](#) near you that provides Veterans who are homeless and at risk of homelessness with one-stop access to community-based, multiagency services to promote permanent housing, health and mental health care, career development and access to VA and non-VA benefits.

<https://www.hudexchange.info/housing-and-homeless-assistance/>



Home About Us Partner With Us Add A New Listing Contact Us Feedback Homeless Veterans

SUPPORTIVE HOUSING AND SHELTERS

List of housing resources we have uncovered: Homeless Shelters, Supportive Housing, Housing for Low Income, Halfway Housing, Transitional Housing, Day Shelters, Low Cost Housing

Alabama	Illinois	Montana	Rhode Island
Alaska	Indiana	North Carolina	South Carolina
Arkansas	Iowa	North Dakota	South Dakota
Arizona	Kansas	Nebraska	Tennessee
California	Kentucky	New Hampshire	Texas
Colorado	Louisiana	New Jersey	Utah
Connecticut	Maine	New Mexico	Virginia
Washington DC	Massachusetts	Nevada	Vermont
Delaware	Maryland	New York	Washington
Florida	Michigan	Ohio	Wisconsin
Georgia	Minnesota	Oklahoma	West Virginia
Hawaii	Missouri	Oregon	Wyoming
Idaho	Mississippi	Pennsylvania	

Shelter Listings is dedicated to serving the homeless and low-income. Our shelter list consists of over 4,000 listings and includes emergency shelters, homeless shelters, day shelters, transitional housing, residential drug/alcohol rehabilitation programs and permanent affordable housing.

We are dedicated to helping the homeless and low-income find the shelter they need.

TYPES OF SHELTERS AND SERVICES

We provide many categories of shelter for those in need of assistance. They include:

Day Shelters supplement homeless and low-income people when the shelter their staying in only offers shelter on an overnight basis. Case management is often provided and sometimes there are laundry and shower facilities. Meals and basic hygiene may also be offered. Almost all day shelters provide their services free of charge. Any emergency or homeless shelter that allows clients to stay during the day is also classified under this category.

Emergency Homeless Shelters both provide short term relief for the homeless and low-income. Usually there is a maximum stay of 3 months or less. Many of these shelters ask their clients to leave during the day. Meals and other supportive services are often offered. 3 times out of 5 these shelters offer their services free of charge.

Halfway Housing helps transition individuals and families from shelters or homelessness to permanent housing. Length of stay is usually anywhere from 6 months to 2 years. Residents are often required to pay at least 30% of their income toward program fees. Sometimes the money they pay in fees is returned to them when they leave. Any emergency or homeless shelter that allows their clients to stay more then 6 months is also classified under this category.

Permanent Affordable Housing is a long-term solution for housing. Residents are often allowed to stay as long as they remain in the low income housing bracket but is sometimes limited 3 - 5 years. Residents pay no more than 30% of their income toward rent. Emergency shelters, homeless shelters and transitional housing programs that allow their clients to stay without a maximum stay is also classified under this category.

Financial Help For the Needy If you are needy and looking for financial help, check out FinancialHelpResources.com.

Supportive Housing Programs that provide an alternative living arrangement for individuals who, because of age, disability, substance abuse, mental illness, chronic homelessness or other circumstances, are unable to live independently without care, supervision and/or support to help them in the activities of daily living; or who need access to case management, housing support, vocational, employment and other services to transition to independent living.

Shared Housing Programs helps bring low income persons together and helps prevent homelessness by providing affordable housing options. This service is good for families, disabled persons, and others wanted more companionship. ShelterListings.org finds these shared housing locations and lists them throughout our website. This is also housing for low income.

Transitional housing is affordable supportive housing designed to provide housing and appropriate support services to persons who are homeless or who are close to homelessness. The transition is to help them be more self sufficient to move toward independent living on their own. Services provided at transitional housing facilities varies from substance abuse treatment, to psychological assistanc, job training, domestic violence assistance, etc. The assistance provided varies, but it is generally affordable and low cost housing. Read the descriptions of each of the transitional living locations for more detailed information.

Rooming House or Boarding House A rooming house is a building in which renters occupy single rooms and share kitchens, bathrooms, and common areas. The location may be a converted single family home, a converted hotel, or a purpose built structure. Rooming houses may have as few as three rooms for rent, or more than a hundred. The same goes for boarding houses. We list these types of residences throughout ShelterListings.org.

shelterlistings.org



Homelessness in the US: Sleep Study and Accommodation Directory

[LAST UPDATED ON OCTOBER 27, 2017](#)

<https://www.tuck.com/sleeping-homeless>

This site, when scrolled down, you will find Homeless Shelter Directory by State

Providing information on assistance, financial help, government help, individual and family resources, and much more to members throughout the nation.

100% free enrollment for qualifying citizens of the United States who are experiencing financial hardship, and access to community based support, assistance, news, and discussions.

Information on local housing, section 8 / low income housing, housing assistance, government assistance, and rental programs, along with exclusive articles, Third Party Programs, and discounts.

<https://www.americanhoperesources.com>

NATIONALHOMELESS.ORG



BUILDING A MOVEMENT TO END HOMELESSNESS

HOMELESSNESS IN AMERICA | ABOUT NCH | ISSUES | CAMPAIGNS | TAKING ACTION | REFERENCES

SEARCH...

DIRECTORY

There are lots of great organizations working to help prevent and end homelessness and hunger across the country. Search NCH's Directory of Member and Advocacy programs, or find further resources below.

National Directories and Resources:

[Homeless Shelter Directory](#) | [Shelter Listings](#) (**you can leave comments/reviews of shelters on these sites)

[Health Care providers](#) | [Shelters allowing pets](#) | [Women's Shelters](#) | [Homeless Accommodation Directory](#) | [Transitional Housing](#) | [Food Pantries](#) | [Sleep Study and Accommodation Directory](#)

[HUD Resources](#) | [HUD Local Offices](#) | [Homeless Continuum of Care](#) | [SAMHSA Homelessness and Housing Resources](#) | [Federal Affordable Housing Assistance](#)

Statewide Directories:

[Connecticut](#) | [Louisiana](#) | [New Hampshire](#) | [Western Massachusetts](#) | [Washington](#)

City Directories:

[Los Angeles, CA](#) | [New Orleans](#) | [San Francisco, CA](#) | [Santa Cruz, CA](#) | [Seattle](#) | [Tampa Bay, FL](#) | [Washington, DC](#)

<http://nationalhomeless.org/references/directory>

Family Shelters

Community Outreach Programs and Services

Family Shelters by State

Find Family Shelter

Family shelters provide secure, temporary refuge and a supportive environment to homeless families. These shelters are also available specifically for abused women and their children. Once you have been accepted into the family shelter, the shelter will help you get back on your feet by providing you with support and care that you need in order to make a rough transition in your life. While it is encouraged that you stay for a short time, there is no maximum length of stay, usually shelter's staff and social workers determine length of stay on case by case basis.

These family shelters are often times funded by the government but they sometimes also take private donations as well. Even though they offer beds to sleep on, this isn't all they offer. They also offer programs and training as well. The [Department of Housing and Urban Development](#) publishes many studies showing the growing poverty rates across the United States and if we take note of these studies, we can better understand why this is happening and thus, do a better job to help those in need.

Supporting Organizations

[The Salvation Army](#) is a social service organization that also functions as a religious group as well. Founded by William Booth over 130 years ago, it is dedicated to fighting against sin and despair. The

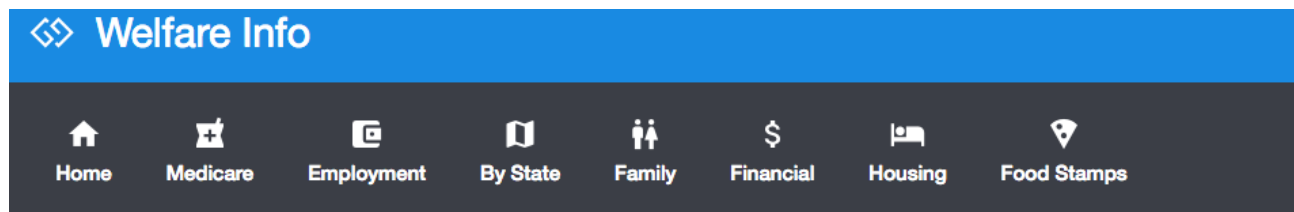
programs in the Salvation army are designed to assist children, women, elderly men, families and those who are battling or who have battled addiction.

[Gospel Rescue Missions](#) help people in need, including homeless people. The services offered are not discriminated on race, age, religion, color, origin or any other determination.

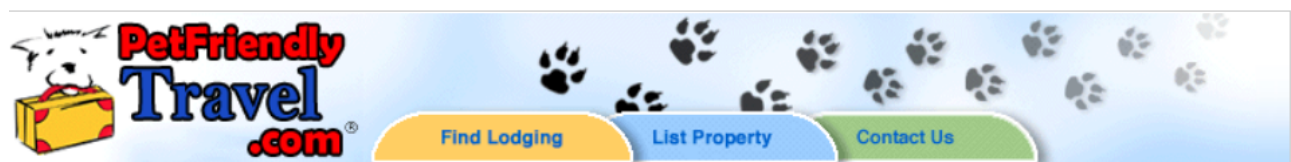
[Department of Veterans Affairs](#) offers many special programs that are designed to help homeless veterans specifically. Even though the programs are limited to veterans and the ones who depend on them, their programs constitute the largest network of homeless treatment and help services in the country.

[Feeding America](#) is the biggest domestic hunger relief charity in the country. It provides food assistance to more than 25 million low-income people in the United States. This is also including over 9 million children and almost 3 million seniors.

<http://homelesssheltersite.org>



Go to: **<http://www.welfareinfo.org/shelters>** to find Local Shelters and Domestic Violence Shelters by State



Pet Evacuation and Pet Friendly Emergency Shelters

http://petfriendlytravel.com/pet_shelters

A listing by State is provided.

[Get Help](#)[Help Us](#)[About Us](#)[Donation Sites](#)[News & Blog](#)

- **Pets of the Homeless** is a non-profit that provides veterinary care and food to homeless pets. The site lists free pet food providers and pet-friendly shelters for the homeless, as well as donation sites for non-homeless looking to help. **www.petsofthehomeless.org**



This site has a listing of Homeless Shelters by State.

<http://mamashealth.com/help/communityhelp/homelessshelters>

Helping America's most vulnerable®



[GET HELP](#) [ABOUT US](#) [Find Us](#) [Find Housing](#) [Find Senior Care](#)

Volunteers of America works to prevent and end homelessness through a range of support services including eviction prevention, emergency services, transitional housing and permanent affordable housing. Once we engage homeless individuals, including youth and families with children, we stay with them for as long as it takes to return them to self-sufficiency.

How We Help End Homelessness

We reach out to homeless individuals through street outreach and mobile outreach services and once we engage with homeless individuals, youth and families with children, we provide assistance that ranges from paying a first month's rent to offering permanent supportive housing so that people with disabilities can become stable and productive members of their communities.

EMERGENCY SHELTER

While permanent housing, often coupled with supportive services, is the best way to end homelessness, many individuals and families need short-term stabilization before they can find housing that will meet their long term needs. That's why Volunteers of America, for over 100 years, has provided emergency assistance to homeless persons in the form of homeless shelters.

DROP-IN CENTERS

Since homeless persons can be reluctant to leave the streets and accept emergency shelter or transitional housing, we operate drop-in centers — places where homeless youth or adults can get off the streets and find a temporary safe haven. And often, when homeless persons begin to trust drop-in center staff, they agree to leave the streets and enter transitional or permanent housing.

PERMANENT SUPPORTIVE HOUSING

For a significant number of homeless Americans with mental or physical impairments, often coupled with drug and/or alcohol use issues, long-term homelessness can only be ended by providing permanent housing coupled with intensive supportive services.

TRANSITIONAL HOUSING

Our transitional housing programs are operated with one goal in mind — to help individuals and families obtain permanent housing as quickly as possible. Our programs serve diverse populations — from women and children who are victims of domestic violence to homeless veterans who have spent years living on the streets.

To see if any of our local offices offer services for the homeless in your area, use our zip code search to find an office near you.

Volunteers of America Headquarters:

Volunteers of America

1660 Duke Street
Alexandria, VA 22314
(703) 341-5000

<https://www.voa.org/homeless-people>

IN ADDITON TO THE ABOVE:

- **Directory of Local Homeless Service Organizations by State:**
http://www.nationalhomeless.org/directories/directory_local.pdf
- **Contact local churches where they may know where shelters/food kitchens are in their area.**
- Some **YMCA's** may also have rooms to rent monthly, fully furnished (Bed, Dresser, Mini-Desk and Closet), Cable and Phone Ready. Certain YMCA's may allow women and children only, and men only rooms. Common Showers and Bathroom.
- Locate a local library for additional help. They have computers that you may use to look up shelters in the area where you are at, food banks, shelters, clothing, pet assistance, etc.
- **Salvation Army may offer homeless shelters.**
- **Women who are displaced, it is highly recommend that you find a domestic violence shelter. They will be more secure!**
- Find a **Shelter – Food – Blankets, Clothing** by State.
<http://www.artistshelpingchildren.org/shelters.html>
- **Also search: community service groups for the homeless by city**

Homeless Legal Rights

Homeless Legal Rights

The following website has a **very important document** that all homeless TI's should make themselves aware (sample shown below).

Website: www.nichp.org/documents/Housing-Not-Handcuffs

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org

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MEALS/PANTRIES/SOUP KITCHENS

MEALS/PANTRIES/SOUP KITCHENS

H.I.A. **Food** Housing Shelters News Information



Homelessness In America

Helping Our Homeless-One Click at a Time.

We at Homelessness In America are continually adding to our list of soup kitchens, food pantries and food banks available in America and its US territories.

If you need further assistance, we have provided a huge list of resources including homeless shelters, men's and women's shelters, low income housing, emergency housing, affordable apartments, and other resources. Too many to mention. A Few Tips Before Visiting Your Soup Kitchen, Food Bank Or Food Pantry Call them first using the contact information we have provided. Have a pen, pencil, computer or something in order to take notes.

Ask the name of the person you contact, write it down. Be courteous. You can get more help from when they know you appreciate their help. Many organizations are short of staff and in desperate need of volunteers. If they are unable to help you, ask who can help. Be sure to thank the person you speak with. They are often underpaid, if they are paid at all.

http://www.homelessnessinamerica.com/html/Soup_Kitchens

Alabama (201)	Alaska (72)	Arizona (156)
Arkansas (221)	California (198)	Colorado (49)
Connecticut (297)	Delaware (48)	Florida (180)
Georgia (163)	Hawaii (67)	Idaho (95)
Illinois (195)	Indiana (276)	Iowa (15)
Kansas (7)	Kentucky (29)	Louisiana (126)
Maine (169)	Maryland (78)	Massachusetts (228)
Michigan (207)	Minnesota (177)	Mississippi (77)
Missouri (103)	Montana (68)	Nebraska (23)
Nevada (21)	New Hampshire (235)	New Jersey (303)
New Mexico (213)	New York (351)	North Carolina (208)
North Dakota (66)	Ohio (68)	Oklahoma (3)
Oregon (138)	Pennsylvania (61)	Rhode Island (83)
South Carolina (28)	South Dakota (3)	Tennessee (27)
Texas (107)	Utah (70)	Vermont (111)
Virginia (140)	Washington (127)	West Virginia (63)
Wisconsin (19)	Wyoming (11)	

☰ Homeless Needs

Free Meals and Soup Kitchens

Soup kitchen, free meals this is a list of resources for the homeless and those in need to find places to get meals. If you're looking for boxes you can find them on the [food boxes page](#).

Coverage Area

Choose a state below to start your search

Alaska	Arizona	Arkansas	California	Delaware	Georgia
Hawaii	Idaho	Kansas	Maine	Montana	Nebraska
Nevada	New Hampshire	New Mexico	North Dakota	Oregon	Rhode Island
South Carolina	South Dakota	Texas	Utah	Vermont	Washington
	West Virginia	Wisconsin	Wyoming	Washington, DC	

<http://www.homelessneeds.org/meals>



Search

Need Help

Sign Up

DONATE

HUNGER
IN AMERICA

OUR
WORK

TAKE
ACTION

FIND A
FOOD BANK

HUNGER
BLOG

The [Feeding America nationwide network of food banks](#) secures and distributes 4 billion meals each year through food pantries and meal programs throughout the United States and leads the nation to engage in the fight against hunger. Contact your local community food bank to find food or click here to [read about public assistance programs](#).

This website you can find Food Banks by State <http://www.feedingamerica.org/find-your-local-foodbank>



One of the main functions of a food bank is to alleviate [hunger](#) that affects children, seniors, individuals, and families. Food banks distribute goods such as fresh produce, bakery products, frozen foods, boxed dry groceries, emergency boxes for individuals, canned goods, and some non-food distributions.

Scroll down towards the bottom of the page and you will find a map where you will choose the State that you are in. <http://mamashealth.com/help/communityhelp/foodbanks.asp>

FOODPANTRIES.ORG Home About Us Add a list

Search for food pantries in your area


Find Food Pantries

Select a state


Search Now

- Food Pantries**
Find local pantries, soup kitchens, food shelves, food banks and other food help.
- Subsidized Groceries**
FoodPantries.org works hard to gather the best government and non profit subsidized grocery resources on the Internet.
- Pantry Details and Hours**
FoodPantries.org displays pantry hours, details, websites where we find them.

<https://www.foodpantries.org>

USFoodBanks.com [Home](#) [About Us](#) [Add a listing](#) [Register](#) [Login](#) 

\$




Find a Food Bank


US Food Bank

SEARCH FOR FOOD BANKS IN YOUR AREA

Use the map on the left or enter your zip code below to find a food bank near you.




<http://usfoodbanks.com>




**US ASSOCIATION OF
FOOD BANKS**

[Home](#)
[About Us](#)
[Add Listing](#)
[Advanced Search](#)



Find a Food Bank

Click on map to start your search



Enter a zip code:

<http://www.usfoodbanks.org>

Emergency Food Assistance

Emergency Food Assistance for Your Family

AmpleHarvest.org helps millions of backyard gardeners easily find a local food pantry to donate their extra garden produce to. If you have come to this site because you are in need of food assistance for your family, you may try the Find A Pantry below to look for a local food pantry.

Find a Pantry

If you are unable to find one in your community, [WhyHunger](#) and [United Way/211](#) are available for you. Both are excellent organizations that offer a number of services that will be of assistance to you.

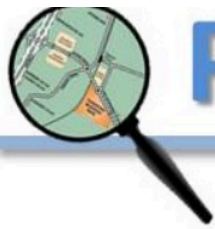


**FINDING ANSWERS
FOR HUNGER
AND POVERTY.**

You can also visit your states 2-1-1 web site by clicking on your state below.

- [Alabama](#)
- [Alaska](#)
- [Arizona](#)
- [Arkansas](#)
- [California](#)
- [Colorado](#)
- [Connecticut](#)
- [Delaware](#)
- [District of Columbia](#)
- [Florida](#)
- [Illinois](#)
- [Indiana](#)
- [Iowa](#)
- [Kansas](#)
- [Kentucky](#)
- [Louisiana](#)
- [Maine](#)
- [Maryland](#)
- [Massachusetts](#)
- [Michigan](#)
- [Montana](#)
- [Nebraska](#)
- [Nevada](#)
- [New Hampshire](#)
- [New Jersey](#)
- [New Mexico](#)
- [New York](#)
- [North Carolina](#)
- [North Dakota](#)
- [Ohio](#)
- [Puerto Rico](#)
- [Rhode Island](#)
- [South Carolina](#)
- [South Dakota](#)
- [Tennessee](#)
- [Texas](#)
- [Utah](#)
- [Virginia](#)
- [Vermont](#)
- [Washington](#)

<http://ampleharvest.org/emergency-food-assistance>



PantryNet.org

Food Pantry Locator

Click on a state



Or search by Zipcode

Starting from Zip Code:

Search Radius in Miles:

Search

This list contains **ONLY** pantries that have listed themselves on this site.
There may be pantries in your area that are not on this list

<http://pantrynet.org>



WhyHunger

OUR ROOTS ▾ OUR WORK ▾ ARTISTS ▾ RESOURCES ▾ GET INVOLVED ▾ WHAT'S NEW ▾

FIND FOOD

Find Food Join the Network Summer Meals

Welcome to the WhyHunger database. Find community-based organizations and emergency food providers who are leading by example - actively forging new ideas, improving the health of their communities, and building the movement to end hunger and poverty.

Community organizations and emergency food providers by State.

<https://networks.whyhunger.org>

NOTE:

You can google Soup Kitchens/Food Pantries by city. Also search: Food Pantry by zip code. 2-1-1 is a service provided by the United Way that connects individuals and families with service organizations and assistance programs right in your immediate area. [Dial 2-1-1](#) on your telephone to find out whether the service is active in your area at this time. Operators will then direct you to a local food pantry or food bank in your area.

MENTAL HEALTH INVOLUNTARY COMMITMENT SAMPLE QUESTIONS AND RIGHTS FROM THE STATE OF FLORIDA

The following forms are to be viewed for educational purpose only. They are specifically for the State of Florida, however, they could help to prepare you for what could be in an actual setting.

IMPORTANT: Below mentioned Baker Act of Florida is an example only. You must seek the law(s) within the State you reside. It is strongly suggested you do not speak to hospital personnel or law enforcement that you are a targeted individual, hear voices, the use of direct energy weapons, having implants or being gangstalked as this could lead to you being hospitalized and medications then could be administered.



CITIZENS COMMISSION ON
HUMAN RIGHTS FLORIDA
Watchdog Investigating & Exposing Psychiatric Human Rights Violations

Free Help and Consultation
Call 800-782-2878

CCHR Florida provides only facts and does not provide medical or legal advice.

Our office recommends that an individual seek a competent medical examination by a non-psychiatric medical professional.

BAKER ACT - FLORIDA

Mental Health Involuntary Commitment

In Florida, the Involuntary Commitment law is referred to as the Baker Act. If someone you know has been involuntarily committed, you have the right to be fully informed about the step-by-step procedure of involuntary commitment as well as your rights and the rights of the person who was, or is being, committed. **Call the CCHR Florida hotline to get fully informed – 800-782-2878.**

Question: How long may a person be held for involuntary examination, a Baker Act?

Answer: An adult may be held up to 72 hours for an involuntary examination. However the examination period for a minor, anyone 17 or younger, is 12 hours. Specifically the examination “shall be initiated within 12 hours after the patient’s arrival at the facility.”

If the examination period for an adult or a minor ends on a weekend or a holiday than no later than the next working day one of the following actions must be taken:

1. The patient shall be released, unless he or she is charged with a crime, in which case the patient shall be returned to the custody of a law enforcement officer;
2. The patient shall be released for voluntary outpatient treatment;
3. The patient, unless he or she is charged with a crime, shall be asked to give express and informed consent to placement as a voluntary patient and, if such consent is given, the patient shall be admitted as a voluntary patient; or
4. A petition for involuntary services shall be filed in the circuit court if inpatient treatment is deemed necessary. This is the start of a possible involuntary psychiatric commitment.

Question: When does a patient need to be examined by a health practitioner?

Answer: Florida Statute 394.459 Rights of patients, Section (2) RIGHT TO TREATMENT, Subsection (c) states:

“(c) Each person who remains at a receiving or treatment facility for more than 12 hours shall be given a physical examination by a health practitioner authorized by law to give such examinations, within 24 hours after arrival at such facility.”

It is important to understand that according to the Florida Administrative Code 65E-5.160 Right to Treatment that this examination must include a determination that abnormalities of thought, mood or behavior due to non-psychiatric causes have been ruled out.

“(3) The physical examination required to be provided to each person who remains at a receiving or treatment facility for more than 12 hours must include:

(a) A determination of whether the person is medically stable; and

(b) A determination that abnormalities of thought, mood, or behavior due to non-psychiatric causes have been ruled out.”

Question: Does a patient have a right to say what treatment they do or do not want to receive?

Answer: Florida Statute 394.459, Rights of patients, Section (2) RIGHT TO TREATMENT, Subsection (e) states:

“(e) Not more than 5 days after admission to a facility, each patient shall have and receive an individualized treatment plan in writing which the patient has had an opportunity to assist in preparing and to review prior to its implementation. The plan shall include a space for the patient’s comments.”

However, if you truly want to ensure that your wishes are respected, you should complete a Mental Health Advance Directive. This form can be downloaded from the Department of Children and Families at this link – [Mental Health Advance Directive](#). You may also be interested in attending one of our workshops on Mental Health Advance Directives. *These workshops are delivered by an attorney and are free of charge.* For more information please call 727-442-8820.

Question: What is Express and Informed Consent?

Answer: Florida Statute 394.459, Rights of patients, Section (3), RIGHT TO EXPRESS AND INFORMED PATIENT CONSENT, Subsection (a) 2. states:

“2. Before giving express and informed consent, the following information shall be provided and explained in plain language to the patient, or to the patient’s guardian if the patient is 18 years of age or older and has been adjudicated incapacitated, or to the patient’s guardian advocate if the patient has been found to be incompetent to consent to treatment, or to both the patient and the guardian if the patient is a minor: the reason for admission or treatment; the proposed treatment; the purpose of the treatment to be provided; the common risks, benefits, and side effects thereof; the specific dosage range for the medication, when applicable; alternative treatment modalities; the approximate length of care; the potential effects of stopping treatment; how treatment will be monitored; and that any consent given for treatment may be revoked orally or in writing before or during the treatment period by the patient or by a person who is legally authorized to make health care decisions on behalf of the patient.”

This simply means that a person, or the person’s guardian, is to be told, among other things:

- the reason for admission or treatment;
- the proposed treatment;
- the purpose of the treatment to be provided;

- **the common risks,**
- the benefits
- **the side effects**
- **alternative treatment;**
- the approximate length of care;
- the potential effects of stopping treatment;
- how treatment will be monitored;
- and that any **consent given for treatment may be revoked orally or in writing** before or during the treatment period by the patient or by a person who is legally authorized to make health care decisions on behalf of the patient

Question: Does a parent/guardian have the right to express and informed consent to treatment if a patient is a minor?

Answer: Yes.

Florida Statute 394.459, Rights of patients, Section (3), RIGHT TO EXPRESS AND INFORMED PATIENT CONSENT, Subsection (a)1. states:

“(a)1. Each patient entering treatment shall be asked to give express and informed consent for admission or treatment. If the patient has been adjudicated incapacitated or found to be incompetent to consent to treatment, express and informed consent to treatment shall be sought instead from the patient’s guardian or guardian advocate. If the patient is a minor, express and informed consent for admission or treatment shall also be requested from the patient’s guardian. Express and informed consent for admission or treatment of a patient under 18 years of age shall be required from the patient’s guardian, unless the minor is seeking outpatient crisis intervention services under s. 394.4784. Express and informed consent for admission or treatment given by a patient who is under 18 years of age shall not be a condition of admission when the patient’s guardian gives express and informed consent for the patient’s admission pursuant to s. 394.463 or s. 394.467.”

Question: Does a patient have the right to communicate to their attorney, family and/or report alleged abuse?

Answer: Yes, but there are restrictions.

The law covering this is Florida Statute 394.459, Rights of patients, Section (5) COMMUNICATION, ABUSE REPORTING, AND VISITS, Subsections (c), (d) and (e) and it can be found by clicking [here](#).

In our viewpoint, the important points to know are that :

- A person does have the right to communicate freely and privately with persons outside the facility unless it is determined that such communication is likely to be harmful to the person or others
- **A telephone that allows for free local calls and access to a long-distance service is to be made available as soon as reasonably possible**
- The telephone shall be readily accessible to the patient and shall be placed so that the patient may use it to communicate privately and confidentially.
- Facility rules on the use of the telephone may not interfere with a patient’s access to a telephone to report abuse
- Each patient shall be allowed to receive, send, and mail sealed, unopened correspondence
- No patient’s incoming or outgoing correspondence shall be opened, delayed, held, or censored by the facility unless there is reason to believe that it contains items or substances which may be harmful to the patient or others

Each facility must permit immediate access to any patient, subject to the patient's right to deny or withdraw consent at any time, by the patient's family members, guardian, guardian advocate

- representative, Florida statewide or local advocacy council, or attorney, unless such access would be detrimental to the patient

“If a patient’s right to communicate or to receive visitors is restricted by the facility, written notice of such restriction and the reasons for the restriction shall be served on the patient, the patient’s attorney, and the patient’s guardian, guardian advocate, or representative; and such restriction shall be recorded on the patient’s clinical record with the reasons therefor. The restriction of a patient’s right to communicate or to receive visitors shall be reviewed at least every 7 days. The right to communicate or receive visitors shall not be restricted as a means of punishment.”

- Each facility shall establish reasonable rules governing visitors, visiting hours, and the use of telephones by patients in the least restrictive possible manner.
- Patients shall have the right to contact and to receive communication from their attorneys at any reasonable time.
- **Each patient receiving mental health treatment in any facility shall have ready access to a telephone in order to report an alleged abuse.**
- The facility staff shall orally and in writing inform each patient of the procedure for reporting abuse and shall make every reasonable effort to present the information in a language the patient understands.
- A written copy of that procedure, including the telephone number of the central abuse hotline and reporting forms, shall be posted in plain view.

Question: Does the family or Representative of a patient, who was sent for involuntary examination have to be notified?

Answer: Yes, according to Florida Statute 394.4599 Notice, a facility is required to give prompt notice of the whereabouts of an adult who is being involuntarily held for examination to the individual's guardian, guardian advocate, health care surrogate or proxy, attorney or representative, by telephone or in person within 24 hours after the individual's arrival at the facility. These contact attempts are to be documented in the individual's clinical record and begun as soon as reasonably possible after the individual's arrival.

In the case of a child, a facility is required to give notice of the whereabouts of a minor who is being involuntarily held for examination to the minor's parent, guardian, caregiver, or guardian advocate, in person or by telephone or other form of electronic communication, immediately after the minor's arrival at the facility.

However, the facility may delay notification for no more than 24 hours after the minor's arrival if the facility has submitted a report to the central abuse hotline based upon knowledge or suspicion of abuse, abandonment, or neglect and if the facility deems a delay in notification to be in the minor's best interest.

Question: What are the criteria used for involuntary examination, a Baker Act?

Answer: Florida Statute 394.463, Involuntary examination, states:

(1) CRITERIA.—A person may be taken to a receiving facility for involuntary examination **if** there is reason to believe that the person has a mental illness **and** because of his or her mental illness:

(a)1. The person has refused voluntary examination after conscientious explanation and disclosure of the purpose of the examination; **or**

2. The person is unable to determine for himself or herself whether examination is necessary; **and**

(b)1. Without care or treatment, the person is likely to suffer from neglect or refuse to care for himself or herself; such neglect or refusal poses a real and present threat of substantial harm to his or her well-being; and it is not apparent that such harm may be avoided through the help of willing family members or friends or the provision of other services; **or**

2. There is a substantial likelihood that without care or treatment the person will cause serious bodily harm to himself or herself or others in the near future, as evidenced by recent behavior.

Emphasis has been added to show the key parts of these criteria.

CCHR FLORIDA

The Citizens Commission on Human Rights of Florida is a non-profit watchdog organization that investigates and exposes psychiatric abuse and educates the public about their rights in the field of mental health.

CCHR Florida provides only facts and does not provide medical or legal advice.

Our office recommends that an individual seek a competent medical examination by a non-psychiatric medical professional.

CONTACT CCHR FLORIDA

109 N. Fort Harrison Ave.
Clearwater, Florida 33755
Tel: 1-800-782-2878
Tel: (727) 442-8820

Your Rights While Receiving Mental Health Services

The following rights are guaranteed to you under Florida law. These rights will be fully explained to you upon admission to this facility.

Individual Dignity

- ✓ You have the right to be treated respectfully and to not be abused.
- ✓ You have the right to move freely within this facility unless your safety is at risk or your movement has been restricted by a judge.
- ✓ You have the right to reasonable accommodations under the Americans with Disabilities Act (ADA).

Designation of a Representative

- ✓ You will be asked to identify a person that we can contact in case of emergency.
- ✓ You may identify a person to receive notice that you are here in this facility.
- ✓ If you do not, or cannot, choose a representative, one will be selected for you.

Communication

- ✓ You have the right to talk privately by phone and during visiting hours, and can receive and send private mail. This facility is required to develop reasonable rules about visiting hours, mail and the use of telephones.
- ✓ If your access to the phone, mail, or visitation is restricted, you will be given a written notice that includes the reasons for the restriction. The restriction must be reviewed by the physician at least every 7 days.
- ✓ You have the right to contact your attorney at any time.
- ✓ You have the right to use a phone at any time for the purpose of reporting abuse to the Florida Abuse Hotline, or to Disability Rights Florida.

Confidentiality of Information and Records

- ✓ Information about your stay in this facility is private and may not be released without your consent (or the consent of your guardian, guardian advocate, or health care surrogate/proxy, if you have one) except under certain instances.
- ✓ You have the right to see your clinical record, unless this is determined to be harmful to you by your physician.

Treatment

- ✓ You have the right to receive the least restrictive, most appropriate and available treatment in this facility.
- ✓ You will get a physical exam within 24 hours of arrival.
- ✓ You will be asked to help develop a treatment plan that meets your needs.

Complaints

- ✓ You have the right to file an internal complaint and to receive a response within 24 hours of the conclusion of the investigation (may take up to 7 days).

Advance Directives

- ✓ You have the right to prepare a document, when competent to do so, that lists the mental health care that you want or don't want, and to name a person that can make decisions for you if you are unable to make those decisions for yourself.

Informed Consent

- ✓ Before treatment begins, you will be given information about the purpose of the treatment, the common side effects of medication you receive, alternative treatments, and the approximate length of stay at this facility.
- ✓ You (or your guardian, guardian advocate, or health care surrogate/proxy) may withdraw your consent to treatment at any time.

Clothing and Personal Effects

- ✓ You have the right to keep your clothing and personal belongings unless they are removed for safety or medical reasons.
- ✓ If your belongings are taken from you, an inventory of the items will be prepared and given to you to sign. Your items will be returned to you or your representative upon your discharge or transfer from this facility.

Right to Contact the Court

- ✓ You, or your representative, have the right to ask the Court to review the following:
 - The reason and legality of your detention in this facility.
 - A denied legal right or privilege.
 - A procedure that is not being followed.

Voting

- ✓ You have the right to register to vote and to cast your vote in any election unless the court has removed this right from you.

Discharge

- ✓ If you request discharge (and you are voluntarily admitted), your doctor will be notified and you will be discharged within 24 hours from a community facility, or within 3 working days from a state hospital, unless you change your mind or you meet the criteria for involuntary placement.
- ✓ You must be released within 72 hours of arrival at the facility unless you are on voluntary status. If you meet the criteria for involuntary placement, a petition must be filed with the court within 72 hours of arrival, or 2 working days of your transfer from voluntary to involuntary status.
- ✓ You have the right to seek treatment from the professional or agency of your choice after your discharge from this facility.

If you believe your rights have been violated, you can contact:

Florida Abuse Hotline
1-800-96-ABUSE
1-800-962-2873 (Voice)
1-800-453-5154 (TTY/TTD)

**Americans with
Disabilities Act (ADA)**
1-800-514-0301 (Voice)
1-800-514-0383 (TTY)

**Disability
Rights
Florida**
1-800-342-0823 (Voice)
1-800-346-4127 (TTY/TTD)

*This poster can be downloaded from the DCF website at <http://www.myflfamilies.com/service-programs/substance-abuse/publications>.
This poster must be placed next to the telephone used by people receiving services.*



RECEIVED

MAY 29 2008

OFFICE OF THE SECRETARY

STATE OF FLORIDA

BILL McCOLLUM
ATTORNEY GENERAL

May 28, 2008

08-31

Mr. Robert A. Butterworth
Secretary
Department of Children and Families
1317 Winewood Boulevard
Tallahassee, Florida 32399-0700

Dear Secretary Butterworth:

You ask substantially the following question:

May physician assistants refer a patient for involuntary evaluation
pursuant to section 394.463, Florida Statutes?

As of 2008 Physician Assistants are now able to refer a Patient for Involuntary Evaluation. Please go to the designated website for all information. <http://www.myflfamilies.com/service-programs/mental-health/baker-act>

SAMPLE FORMS FROM THE STATE OF FLORIDA

The following forms are to be viewed for educational purpose only. They are to be regarded as sample medical questions should you be forced into involuntary psychiatric care. They may prepare you for questions you would not otherwise be acquainted with. An example of “Report of Law Enforcement Office Initiating Involuntary Examination” form could be written up in this suggested format to initiate the involuntary commitment of an individual.

The following forms and information was taken directly from this website:
<http://www.myflfamilies.com/service-programs/mental-health/baker-act-forms>

(Please note that some of these forms cannot be reduced further, some information may be slightly missing)



Report of Law Enforcement Officer
Initiating Involuntary Examination
State of Florida, County of _____, Florida

I, _____, am a law enforcement officer certified by the State of Florida.
Florida.

In my opinion, _____ appears to meet the following criteria for
involuntary examination:

1. I have reason to believe said person has a mental illness as defined by section 394.455, Florida Statutes:

“Mental illness” means an impairment of the mental or emotional processes that exercise conscious control of one’s actions or of the ability to perceive or understand reality, which impairment substantially interferes with the person’s ability to meet the ordinary demands of living. For the purposes of this part, the term does not include a developmental disability as defined in chapter 393, intoxication, or conditions manifested only by antisocial behavior or substance abuse impairment.

AND because of the mental illness (check all that apply):

- ☐ a. Person has refused voluntary examination after conscientious explanation and disclosure of the purpose of the examination; **AND/OR**
- ☐ b. Person is unable to determine for himself/herself whether examination is necessary; **AND**

2. Either (check all that apply):

- ☐ a. Without care or treatment said person is likely to suffer from neglect or refuse to care for himself/herself, and such neglect or refusal poses a real and present threat of substantial harm to his/her well-being and it is not apparent that such harm may be avoided through the help of willing family members or friends or the provision of other services; **AND/OR**,
- ☐ b. There is substantial likelihood that without care or treatment the person will cause serious bodily harm to (check one or both) ☐ **self** ☐ **others** in the near future, as evidenced by recent behavior.

Circumstances supporting this opinion, including specific information about the person’s behavior, threats and actions, and information offered by others:

Has the law enforcement officer initiating this examination
completed a 40-hour Crisis Intervention Team (CIT) training program? ☐ Yes
☐ No

Was the examination initiated in the officer’s capacity as a school resource officer? ☐ Yes
☐ No

Signature of Law Enforcement Officer	Date (mm/dd/yyyy)	Time	<input type="checkbox"/> am	<input type="checkbox"/> pm
Printed Name of Law Enforcement Officer	Full Name of Law Enforcement Agency (printed)			
Badge or ID Number	Law Enforcement Case Number			



Certificate of Professional Initiating Involuntary Examination

ALL SECTIONS OF THIS FORM MUST BE COMPLETED AND LEGIBLE (PLEASE PRINT)

I have **personally examined** (printed name of person) _____ at (time) _____ ☐ am ☐ (time must be within the preceding 48 hours) on (date) _____ in _____ County and said person appears to meet criteria for involuntary examination.

☐ CHECK HERE if you are a physician certifying non-compliance with an involuntary outpatient placement order and you are initiating involuntary examination. (If so, personal examination within preceding 48 hours is not required. However, please provide documentation of efforts to solicit compliance in Section IV on page 2 of this form.)

This is to certify that my professional **license number** is: _____ and I am a licensed (check one below)

☐ Psychiatrist ☐ Physician (but not a Psychiatrist) ☐ Clinical Psychologist ☐ Psychiatric Nurse
☐ Clinical Social Worker ☐ Mental Health Counselor ☐ Marriage and Family Therapist ☐ Physician's Assistant

Section I: CRITERIA

1. There is reason to believe said person has a mental illness as defined in section 394.455, Florida Statutes:

"Mental illness" means an impairment of the mental or emotional processes that exercise conscious control of one's actions or of the ability to perceive or understand reality, which impairment substantially interferes with the person's ability to meet the ordinary demands of living. For the purposes of this part, the term does not include a developmental disability as defined in chapter 393, intoxication, or conditions manifested only by antisocial behavior or substance abuse impairment.

Diagnosis of Mental Illness is:
List all mental health diagnoses applicable to this person.

--

DSM Code(s) (if known)

--

AND because of the mental illness (check all that apply):

- ☐ a. Person has refused voluntary examination after conscientious explanation and disclosure of the purpose of the examination; **AND/OR**
☐ b. Person is unable to determine for himself/herself whether examination is necessary; **AND**

2. Either (check all that apply):

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☐ b. There is substantial likelihood that without care or treatment the person will cause serious bodily harm to (check one or both) ☐ **self** ☐ **others** in the near future, as evidenced by recent behavior.

Section II: SUPPORTING EVIDENCE

Observations supporting these criteria are (including evidence of recent behaviors related to criteria). Please include the person's behaviors and statements, including those specific to suicidal ideation, previous suicide attempts, homicidal ideation or self-injury.

Section III: OTHER INFORMATION

Other information, including source relied upon to reach this conclusion is as follows. If information is obtained from other persons, describe these sources (e.g., reports of family, friends, other mental health professionals or law enforcement officers, as well as medical or mental health records, etc.).

Section IV: NON-COMPLIANCE WITH INVOLUNTARY OUTPATIENT PLACEMENT ORDER

Complete this section if you are a physician who is documenting non-compliance with an involuntary outpatient placement order: This is to certify that I am a physician, as defined in Florida Statutes 394.455, F.S. and in my clinical judgment, the person has failed or has refused to comply with the treatment ordered by the court, and the following efforts have been made to solicit compliance with the treatment plan:

Section V: INFORMATION FOR LAW ENFORCEMENT

Provide identifying information (if known) if requested by law enforcement to find the person so he/she may be taken into custody for examination:

Age: _____ ☐ Male ☐ Female Race/ethnicity: _____

Other details (such as height, weight, hair color, what wearing when last seen, where last seen):

If relevant, information such as access to weapon, recent violence or pending criminal charges:

This form must be transported with the person to the receiving facility to be retained in the clinical record. Copies may be retained by the initiating professional and by the law enforcement agency transporting the person to the receiving facility.

Section VI: SIGNATURE

Signature of Professional

Date Signed

Time

☐ am ☐ pm

Printed Name of Professional

Phone Number (including area code))



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- ☐ Clinical Social Worker ☐ Mental Health Counselor ☐ Marriage and Family Therapist ☐ Physician's Assistant

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Diagnosis of Mental Illness is:
List all mental health diagnoses applicable to this person.

DSM Code(s) (if known)

AND because of the mental illness (check all that apply):

- ☐ a. Person has refused voluntary examination after conscientious explanation and disclosure of the purpose of the examination; **AND/OR**
- ☐ b. Person is unable to determine for himself/herself whether examination is necessary; **AND**

2. Either (check all that apply):

- ☐ a. Without care or treatment said person is likely to suffer from neglect or refuse to care for himself/herself, and such neglect or refusal poses a real and present threat of substantial harm to his/her well-being and it is not apparent that such harm may be avoided through the help of willing family members or friends or the provision of other services; **AND/OR**,
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Observations supporting these criteria are (including evidence of recent behaviors related to criteria). Please include the person's behaviors and statements, including those specific to suicidal ideation, previous suicide attempts, homicidal ideation or self-injury.

Section III: OTHER INFORMATION

Other information, including source relied upon to reach this conclusion is as follows. If information is obtained from other persons, describe these sources (e.g., reports of family, friends, other mental health professionals or law enforcement officers, as well as medical or mental health records, etc.).

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Provide identifying information (if known) if requested by law enforcement to find the person so he/she may be taken into custody for examination:

Age: _____ ☐ Male ☐ Female Race/ethnicity: _____

Other details (such as height, weight, hair color, what wearing when last seen, where last seen):

If relevant, information such as access to weapon, recent violence or pending criminal charges:

This form must be transported with the person to the receiving facility to be retained in the clinical record. Copies may be retained by the initiating professional and by the law enforcement agency transporting the person to the receiving facility.

Section VI: SIGNATURE

Signature of Professional

Date Signed

Time

☐ am ☐ pm

Printed Name of Professional

Phone Number (including area code))

Specific Authorization for Psychotropic Medications

Discussion of psychotropic medication should occur within the context of the person's medical history and current overall medication regimen.

I, the undersigned, a ☐ competent adult, ☐ guardian, ☐ guardian advocate, or ☐ health care surrogate/proxy hereby authorize the professional staff of this facility to administer treatment, limited to mental health medications, as follows:

I have been given detailed information about:

1. The proposed medications and dosage range and frequency;
2. The purpose of my treatment;
3. Common short- and long-term side effects of my proposed medication, including contraindications and clinically significant interactions with other medications;
4. Alternative medications;
5. Approximate length of care

I further understand that a change of medication dosage range from that listed above or on the attached will require my express and informed consent.

I understand that my consent can be revoked orally or in writing prior to, or during the treatment period.

The information I have relied upon to make the decision to consent to treatment, including full disclosure of each of the above subjects, is attached to this authorization and signed by me. I have read and had this information fully explained to me and I have had the opportunity to ask questions and receive answers about the treatment.

_____ Signature of Person	_____ Date	_____ am	_____ pm	_____ Time
_____ Signature of Witness for Person	_____ Date	_____ am	_____ pm	_____ Time
_____ Signature of: (check one when applicable) <input type="checkbox"/> Guardian <input type="checkbox"/> Guardian Advocate <input type="checkbox"/> Health Care Surrogate <input type="checkbox"/> Health Care Proxy	_____ Date	_____ am	_____ pm	_____ Time

If I am the guardian advocate, health care surrogate, or health care proxy for the person, I certify that I have met and talked with the person and the person's physician in person, if at all possible, and by telephone, if not about the proposed treatment prior to signing this form.

Talked to person on: _____(date) ☐ In person ☐ By telephone. If not in person, explain why not. _____

Talked to person's physician on: _____(date) ☐ In person ☐ By telephone. If not in person, explain why not. _____

one when applicable)

☐ Guardian

☐ Health Care Surrogate

☐ Guardian Advocate

☐ Health Care Proxy

Date am pm Signature of: (check
Time

Signature of Witness for Substitute Decision-Maker

Date am pm Time

* The person shall always be asked to sign this authorization form. However, if the person is a minor, is incapacitated, or is incompetent to consent to treatment, the consent of his or her guardian, guardian advocate, or health care surrogate/proxy is required. Court orders, letters of guardianship, or advance directives must be retained in the clinical record if a person other than the person signs the consent to treatment. The guardian, guardian advocate, or health care surrogate/proxy must agree to keep the facility informed of their whereabouts during the term of the hospitalization. Facilities may devise unique disclosure forms or use commercially prepared forms, but in either case, the material must include all statutorily required elements.

See s. 394.459(3), Florida Statutes

CF-MH 3042b, Feb 05 (obsoletes previous editions) (Recommended Form)

General Authorization for Treatment Except Psychotropic Medications

I, the undersigned, a ☐ competent adult, ☐ guardian, ☐ guardian advocate, or ☐ health care surrogate/proxy hereby authorize the professional staff of this facility to administer assessment and treatment specified below.

- ☐ Routine medical care _____ (Initials of Person or Authorized Decision Maker)
- ☐ Psychiatric Assessment _____ (Initials of Person or Authorized Decision Maker)
- ☐ Other (Specify & Initial) _____
- _____
- _____

I understand that more information will be provided to me before my informed consent will be requested for the administration of any psychotropic medications.

I understand that my consent can be revoked orally or in writing prior to, or during the treatment period.

I have read and had this information fully explained to me and I have had the opportunity to ask questions and receive answers about the treatment.

Signature of Competent Adult _____ am pm Date Time

Signature of Witness for Person _____ am pm Date Time

Signature of: (check one when applicable) _____ am pm Date Time
☐ Guardian ☐ Guardian Advocate
☐ Health Care Surrogate ☐ Health Care Proxy

If I am the guardian advocate, health care surrogate, or health care proxy for the person, I certify that I have met and talked with the person and the person's physician in person, if at all possible, and by telephone, if not about the proposed treatment prior to signing this form.

Talked to person on: _____ (date) ☐ In person ☐ By telephone. If not in person, explain why not. _____

Talked to person's physician on: _____ (date) ☐ In person ☐ By telephone. If not in person, explain why not. _____

Signature of: (check one when applicable) _____ am pm Date Time
☐ Guardian ☐ Guardian Advocate
☐ Health Care Surrogate ☐ Health Care Proxy

Signature of Witness for Substitute Decision-Maker _____ am pm Date Time

The person shall always be asked to sign this authorization form. However, if the person is a minor, is incapacitated, or is incompetent to consent to treatment, the consent of his or her guardian, guardian advocate, or health care surrogate/proxy is required. Court orders, letters of guardianship, or advance directives must be retained in the clinical record if an individual other than the person signs the consent to treatment. The guardian, guardian advocate, or health care surrogate/proxy must agree to keep the facility informed of their whereabouts during the term of the hospitalization.

See s. 394.459(3), Florida Statutes

CF-MH 3042a, Feb 05 (obsoletes previous editions) (Recommended Form)

Authorization for Electroconvulsive Treatment

As the physician for this person, I have recommended a series of _____ electroconvulsive treatments and have provided sufficient information to ensure express and informed consent to the treatment.

Signature of Physician _____ am pm
Printed Name of Physician Date Time

I have agreed with the need for this series of _____ electroconvulsive treatments after
☐ examination of the person or ☐ review of the person's treatment records. I am not directly involved with the person.

Signature of Second Physician _____ am pm
Printed Name of Second Physician Date Time

I, the undersigned, ☐ competent adult, ☐ guardian, ☐ guardian advocate, ☐ health care surrogate

authorize _____ **Electroconvulsive Treatments** for

_____ Number of treatments authorized Name of Person to Receive Treatment
a person in _____

_____ Name of Facility

The information provided to the person to make the decision to consent to electroconvulsive treatment (which must include the purpose of the procedure, the common side effects, alternative treatments, and the approximate number of procedures considered necessary and that my consent may be revoked prior to or between treatments) is:

I have read and understood the information provided to me above and have been given an opportunity to ask questions and receive answers about the procedures. Knowing the above, I hereby consent to the treatment described.

am pm
Signature of Competent Adult Date Time

am pm
Signature, * as appropriate, of: Date Time
☐ Guardian, ☐ Guardian Advocate,
☐ Parent of a Minor, ☐ Health Care Surrogate

am pm
Signature of Witness Date Time

Facility should attach information about or copies of educational materials provided to the person and/or substitute decision maker.

*** A guardian shall produce letters of guardianship prior to authorizing ECT to demonstrate authority to provide consent. A guardian advocate requires express Court approval to provide consent to this procedure. A health care surrogate requires an advance directive expressly delegating such authority to the surrogate. In the absence of such an advance directive, a health care surrogate or proxy require express court approval to consent to ECT. The authorizing documentation must be validated by staff and filed in the person's clinical record.**

See s. 394.459(3)(b), 458.325, Florida Statutes
CF-MH 3057, Feb 05 (obsoletes previous editions) (Recommended Form)

Refusal or Revocation of Consent to Treatment

PART I

_____, a person in this facility, ☐ refuses consent ☐ revokes previous consent;

OR _____, the ☐ guardian, ☐ guardian advocate, or ☐ health care surrogate/proxy for _____, a person who is incapacitated or incompetent to consent to treatment in this facility,

☐ refuses consent ☐ revokes previous consent for: ☐ All treatment, **or** ☐ The following treatment:

The reason given for this refusal/revocation, if any, is:

Signature of Competent Adult (or staff if oral refusal)

Date _____ am pm

Time

If incompetent, signature of ☐ Guardian, ☐ Guardian Advocate,
☐ Health Care Surrogate, ☐ Health Care Proxy

Date _____ am pm

Time

PART II Facility Response

A person on voluntary status who has been admitted to a facility and who refuses to consent to or revokes consent to treatment shall be discharged within 24 hours after such refusal or revocation, unless transferred to involuntary status or unless the refusal or revocation is freely and voluntarily rescinded by the person. The guardian, guardian advocate, or health care surrogate/proxy has the right to refuse or revoke consent to treatment. The decision of the guardian, guardian advocate, or health care surrogate/proxy may be reviewed by the court, upon petition of the person's attorney, the person's family, or the facility administrator.

The facility's response to the refusal/revocation of consent was:

Staff Signature

Profession

Typed or Printed Name of Staff

Date _____ am pm

Time

PART III Withdrawal of Refusal or Revocation of Consent to Treatment

I, _____, freely and voluntarily rescind my previous refusal or revocation of consent to treatment for the following reason(s):

Signature of Authorized Decision-Maker

☐ Person, ☐ Guardian, ☐ Guardian Advocate,
☐ Health Care Surrogate, ☐ Health Care Proxy

Date am pm Time

Signature of Witness Credentials am pm Date Time

See s. 394.4625(2)(b), Florida Statutes
DCF-MH 3105, Feb 05 (obsoletes previous editions) (Recommended Form)

BAKER

ACT

Baker Act Service Eligibility

Public Receiving Facility Name: _____

1. IDENTIFYING INFORMATION: Person's Name: _____ Date of Birth: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female Race: _____	
2. FINANCIAL INFORMATION: Prospective monthly income (6-month average) \$ _____ Number of Family Members: _____ Title XX Eligible: <input type="checkbox"/> Yes <input type="checkbox"/> No	
3. LEGAL STATUS: <input type="checkbox"/> Voluntary Admission <input type="checkbox"/> Involuntary Examination	
4. CRITERIA: (check the appropriate criteria) <input type="checkbox"/> There is reason to believe the above-named person has a mental illness, as defined in 394.455(18), AND <input type="checkbox"/> Without care or treatment, the person is likely to suffer from neglect or refuse to care for himself or herself, such neglect or refusal poses a real and present threat of substantial harm to his or her well-being, and it is not apparent that such harm may be avoided through the help of willing family members or friends or the provision of other services, OR <input type="checkbox"/> There is a substantial likelihood that without care or treatment the person will cause serious bodily harm to himself or herself or others in the near future, as evidenced by recent behavior.	
5. MOST RECENT DSM OR ICD ADMISSION DIAGNOSIS AND CODE NUMBER: _____	
6. SUMMARY: Behavioral manifestations justifying diagnosis. (A completed CF-MH 3052a or 3052b or Ex Parte Order may be attached for persons on involuntary status)	
7. RECOMMENDED DISPOSITION / PLACEMENT:	
8. WHY IS A LESS RESTRICTIVE PLACEMENT NOT BEING UTILIZED?	
9. APPROVAL OF DISPOSITION/PLACEMENT <input type="checkbox"/> does <input type="checkbox"/> does not include authorization for payment of contracted 24-hour care.	

Signature of Administrator or Designee

Date

Time

am pm

Printed Name of Administrator or Designee

By authority of s. 394.74, 394.875, 394.879, Florida Statutes
CF-MH 3084, Feb 05 (obsoletes previous editions) (Mandatory Form for Public Receiving Facilities) **BAKER ACT**

IN THE CIRCUIT COURT OF THE _____ JUDICIAL CIRCUIT
IN AND FOR _____ COUNTY, FLORIDA

IN RE: _____ CASE NO.: _____

**Petition Requesting Court Approval for
Guardian Advocate to Consent to Extraordinary Treatment**

_____, guardian advocate appointed on _____

Name of Guardian Advocate

Date

for _____,
Name of Person.

Said person is presently:

☐ Placed on an inpatient basis in _____ a receiving or
treatment facility in

_____ County and has residence in _____ County, or

☐ Involuntarily placed on an outpatient basis in _____ County. The service provider is:

Psychiatric or Medical Opinion Supporting the Petition

I, _____, a psychiatrist or physician authorized to practice in the State of Florida,
Name of Psychiatrist or Physician

have personally examined _____ on _____

_____, and found _____
Name of Person Date

that he/she is in need of the following treatment or procedure:

Observations which support this opinion are:

This treatment or procedure is essential to the care of the person and the treatment does not present an unreasonable risk of
serious, hazardous, or irreversible side effects.

am pm

Signature of: ☐ Psychiatrist ☐ Physician

Date

Time

License Number

Time

cc: Check when applicable and initial/date/time when copy provided:

See s. 394.4598(6), Florida Statutes
CF-MH 3108, Feb 05 (obsoletes previous editions) (Recommended)