

**STATE OF CONNECTICUT**  
**DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES**

**Connecticut Valley Hospital**  
***Temporary Leave Application Community Provider Approval Form***

I have received and reviewed the *Psychiatric Security Review Board (PSRB) Acquittee Information Packet* for \_\_\_\_\_ and the enclosed Application for Temporary Leave. [Acquittee's Name]

For the purposes of this Temporary Leave, this agency/private practitioner agrees to provide the following services:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

**This agency/private practitioner agrees to immediately notify Connecticut Valley Hospital should the acquittee be non-compliant with any aspect of the Temporary Leave described in this application.**

\_\_\_\_\_  
Signature of Agency Director/Private Practitioner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Agency Director/Private Practitioner

\_\_\_\_\_  
Agency Name