

**Gang Exit Community Intervention Model**

**Referral Form**

Date Completed: \_\_\_\_\_

**Client's Basic Information:**

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_ Male \_\_\_ Female \_\_\_ Other

Street Address: \_\_\_\_\_ Suite/Apt: \_\_\_\_\_

Town/City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Social Media Contact: \_\_\_\_\_

If Indigenous, which First Nation does the client belong to: \_\_\_\_\_

Gang Affiliation: \_\_\_\_\_

**Target Group Eligibility:**

		YES	NO
Street gang-affiliated	<i>(Mandatory criteria)</i>		
Assessed as high risk to re-offend?	<i>(Mandatory criteria)</i>		
15-30 years old	<i>(Mandatory criteria)</i>		

**Referral Information:**

Referral Source:

Police	
RCMP	
Courts/Prosecution	
Outreach	
Self	
Custody	
Community Corrections	
Other	

Other: \_\_\_\_\_

Individual Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

*To be completed by Police/Custody and Community Corrections only:*

Check risk/need factors listed below that are identified in the client's risk assessment:

Education/Employment	
Antisocial Behaviour	
Companions/Peers	
Leisure/Recreation	
Pro-Criminal Attitudes	
Substance Use/Abuse	

<b>Residency Stability</b>	
<b>Financial Situation</b>	
<b>Family Circumstances/Marital Relationships/Parenting</b>	
<b>Self-Management &amp; Awareness</b>	

**Violence Flag:** \_\_\_ Yes \_\_\_ No

**Safety Code:** \_\_\_ High \_\_\_ Medium \_\_\_

Low

**Client Consent:**

I consent to sharing my personal information contained in this form with applicable CIM service delivery providers.

\_\_\_\_\_  
Name (printed)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date