

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>	<input type="checkbox"/>	<input type="checkbox"/>
Assessed as high risk to re-offend? <i>(Mandatory criteria)</i>	<input type="checkbox"/>	<input type="checkbox"/>
15-30 years old <i>(Mandatory criteria)</i>	<input type="checkbox"/>	<input type="checkbox"/>

Referral Information

Referral Source: Police RCMP Courts/Prosecution Outreach
 Self Custody Community Corrections 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 clients risk assessment:

- Education/employment Antisocial Behavior Companions/Peers Leisure/Recreation
 Pro-criminal Attitudes Substance Use / Abuse Residency Stability Financial Situation
 Family circumstances/Marital Relationships/Parenting Self-Management Awareness

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

Client provided verbal consent