



SASKATOON POLICE SERVICE

GANG EXIT COMMUNITY INTERVENTION MODEL REFERRAL FORM

** Email a copy of this form as an attachment in Word format to: Restorative.justice@police.saskatoon.sk.ca

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:

Street Gang-affiliated? (<i>Mandatory criteria</i>)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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"/>
	<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 Behaviour
- Companions/Peers
- Leisure/Recreation
- Pro-criminal
- 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