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| <input type="checkbox"/> COMMUNITY REFERRAL | <input type="checkbox"/> SELF-REFERRAL |
| REFERRAL INFORMATION | |
| Agency/Organization: | |
| Date of Referral: (MM/DD/YY) | Individual Submitting Referral: |
| Telephone: | Email: |

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|--|--|
| APPLICANT INFORMATION | |
| Surname: | First Name: |
| Date of Birth: (MM/DD/YY) | <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unspecified |
| Address: | |
| Telephone: | Are messages ok at this number: <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Email: | |
| Employed: <input type="checkbox"/> YES <input type="checkbox"/> NO | Place of Employment/School: |

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| LEGAL STATUS: | |
| Has the applicant ever been arrested? <input type="checkbox"/> Yes <input type="checkbox"/> No | Has the applicant ever been sentenced to spend time in a correctional Institution? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify date: (MM/DD/YY) |
| Has the applicant ever been on probation? <input type="checkbox"/> Yes <input type="checkbox"/> No | Is the applicant currently on a supervision order? <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, name of Supervising Officer: |

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|--|----------------------|
| CURRENT SENTENCE: | EXPIRY DATE: |
| <input type="checkbox"/> Temporary Absence from: | Released (MM/DD/YY) |
| <input type="checkbox"/> Conditional Sentence | Commenced (MM/DD/YY) |
| <input type="checkbox"/> Probation | Commenced (MM/DD/YY) |
| <input type="checkbox"/> Adult Diversion | Commenced (MM/DD/YY) |
| <input type="checkbox"/> Other: | Commenced (MM/DD/YY) |

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|--------------------------|
| CURRENT OFFENCES: |
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LSCMI-RISK LEVEL

Low Medium High

PREVIOUS CONVICTIONS:

SUMMARY OF FACTS:

CRIMINOGENIC FACTORS/AREAS TO ADDRESS:

| PROGRAM REQUESTED: | |
|---|--|
| COMMUNITY | HER MAJESTY'S PENITENTIARY |
| <input type="checkbox"/> Seeking Safety (Trauma and Addictions) <input type="checkbox"/> Journey to Transformation (Anger Solutions) <input type="checkbox"/> Safety and Repair (IPV) <input type="checkbox"/> STABLE AND ACUTE 2007 <input type="checkbox"/> Impaired Driving Awareness (IDA) <input type="checkbox"/> Pathways to Acceptance and Recovery (PAR) <input type="checkbox"/> Dads <input type="checkbox"/> Criminal Behavior Awareness (CBA) <input type="checkbox"/> Maintenance | <input type="checkbox"/> Seeking Safety (Trauma and Addictions) <input type="checkbox"/> Journey to Transformation (Anger Solutions) <input type="checkbox"/> Safety and Repair (IPV) <input type="checkbox"/> STABLE AND ACUTE 2007 <input type="checkbox"/> Impaired Driving Awareness (IDA) |

| DOCUMENTATION ATTACHED |
|---|
| <input type="checkbox"/> Agreed Statement of Facts <input type="checkbox"/> LS-CMI <input type="checkbox"/> SARA <input type="checkbox"/> ODARA <input type="checkbox"/> Court Order or Probation Order |

| OFFICE USE |
|--|
| <input type="checkbox"/> Referral Accepted <input type="checkbox"/> Referral Unable to be Actioned <ul style="list-style-type: none"> <input type="checkbox"/> participant refused service <input type="checkbox"/> unsuitable program <input type="checkbox"/> unable to reach the participant <input type="checkbox"/> participant is transferred out of institution <input type="checkbox"/> participant moved out of service area <input type="checkbox"/> Other: _____ <input type="checkbox"/> Referral Not Accepted |