

GRID Intervention Services - Referral Form

This document contains confidential information and should be handled accordingly. The information below is intended for the purpose of ASN/IST team coordinated case management.

Section A: To be completed by referring agency

FIRST NAME: <input type="text"/>	MIDDLE: <input type="text"/>	LAST NAME: <input type="text"/>	REFERRAL DATE: <input type="text"/>
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AKA/MONIKER: <input type="text"/>	DOB: <input type="text"/>	AGE: <input type="text"/>	GENDER: <input type="radio"/> Male <input type="radio"/> Female
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ADDRESS: <input type="text"/>	CITY: <input type="text"/>	ZIP CODE: <input type="text"/>	PHONE: <input type="text"/> <input type="checkbox"/> Cell Phone?
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ETHNICITY:
 White/Non Hispanic Hispanic African American Asian Native American Other

REFERRING AGENCY: <input type="text"/>	REFERRING AGENCY CONTACT: <input type="text"/>	CONTACT PHONE: <input type="text"/>
		CONTACT EMAIL: <input type="text"/>

PLEASE CHECK ALL THAT APPLY:

Gang-Affiliated

Generational Gang Family

High-Risk Street Activity

Recent Victim of a Shooting or Act of Violence

Prior Criminal History

Recent Release from Jail, Prison, Detention Facility

Identified Ceasefire Client

GANG ASSOCIATION:

What gang is client associated with?

Is client's role in gang significant?
 Yes No Don't Know

Does client's family have connections to a gang?
 Yes No Don't Know

Does client want to leave the gang?
 Yes No Don't Know

CRIMINAL HISTORY:

Prior/Current Municipal Charges

Prior/Current Federal Charges

Prior/Current Misdemeanor Charges

Prior/Current Human Services Involvement

Prior Jail

Prior Prison

Current Charges

*Have you checked for an active warrant?
*please note, GRID will not work with client until warrant is no longer active

CURRENT SUPERVISION (IF APPLICABLE):

Adult Probation Juvenile Probation County Probation

CDOC Parole DYC Parole YOS

CDOC Facility City/County Jail

Community Corrections

Human Services

Diversion

Other:

EDUCATION:
Client's highest level of education:

EMPLOYMENT:
Is client currently employed?
 Yes No

<p>Is client enrolled in school/GED program? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>School Name: <input style="width: 100%;" type="text"/></p>	<p>If yes, where? <input style="width: 100%;" type="text"/></p> <p>Is client interested in job training/placement? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know</p>												
<p>FAMILY: Who is client currently living with? <input style="width: 100%;" type="text"/></p> <p>Does client have a stable home life? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know</p> <p>Would client's family be supportive of client leaving the gang? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know</p> <p>Does client have any children and/or custody issues? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know</p>	<p>PRO-SOCIAL ACTIVITIES: What pro-social activities is client involved in? <input style="width: 100%; height: 50px;" type="text"/></p> <p>Are there any pro-social activities client would like to take part in? <input style="width: 100%; height: 50px;" type="text"/></p>												
<p>SUBSTANCE ABUSE: Does client use drugs or alcohol? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know</p> <p>If so, please list: <input style="width: 100%; height: 50px;" type="text"/></p> <p>Is client currently involved in a substance abuse treatment program? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>MEDICAL/MENTAL HEALTH: Is client currently involved in a treatment program? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Would client consider attending counseling/treatment/support group if needed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know</p> <p>Has client experienced any significant trauma during his/her lifetime? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know</p> <p>Has client had previous trauma screening? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know</p>												
<p>CASE REQUIREMENTS AND SUPPORT SERVICES BEING REQUESTED: Are there any requirements that the client must fulfill as part of his/her case plan that you would like assistance with? <input style="width: 100%; height: 50px;" type="text"/></p> <p>Has a case plan been developed? (If so, please attach) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>What are the priority areas you would like GRID to assist client with?</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"><input type="checkbox"/> Outreach Worker (mentoring)</td> <td style="width: 50%;"><input type="checkbox"/> Housing</td> </tr> <tr> <td><input type="checkbox"/> Opportunities Provision/Job Placement</td> <td><input type="checkbox"/> Medical</td> </tr> <tr> <td><input type="checkbox"/> Education</td> <td><input type="checkbox"/> Clothing</td> </tr> <tr> <td><input type="checkbox"/> Transportation</td> <td><input type="checkbox"/> Identification</td> </tr> <tr> <td><input type="checkbox"/> Tattoo Removal</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Other: <input style="width: 100%;" type="text"/></td> <td></td> </tr> </table>		<input type="checkbox"/> Outreach Worker (mentoring)	<input type="checkbox"/> Housing	<input type="checkbox"/> Opportunities Provision/Job Placement	<input type="checkbox"/> Medical	<input type="checkbox"/> Education	<input type="checkbox"/> Clothing	<input type="checkbox"/> Transportation	<input type="checkbox"/> Identification	<input type="checkbox"/> Tattoo Removal		<input type="checkbox"/> Other: <input style="width: 100%;" type="text"/>	
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<p>GRID PROGRAM AGREEMENT: Have you spoken to client about the GRID program? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>													

Has client voluntarily agreed to receive support services from GRID? Yes No

PLEASE FILL OUT IF CLIENT IS A JUVENILE

Parent/Guardian Name(s): <input type="text"/>	Phone: <input type="text"/>
Have you spoken to client's parents/guardians about the GRID program? <input type="checkbox"/> Yes <input type="checkbox"/> No	

CLIENT RISK ASSESSMENT INFORMATION

Has client undergone a risk assessment tool? Yes No

Please list overall score for each category:

Referral Agency Signature:	Date: <input type="text"/>
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**Please email this form to grid@denvergov.org
 PLEASE REMEMBER TO ATTACH SIGNED RELEASE OF INFORMATION FORM, CONSENT FORM AND CASE PLAN**

Section B: To be completed by Intervention Coordinator

Review Date: <input type="text"/>	Referral Agency Follow-up Date: <input type="text"/>
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Information Received with Referral Form:

Signed Release of Information Risk Assessment

Case Plan Other:

Assigned Outreach Worker: <input type="text"/>	Date Case Assigned to Outreach Worker: <input type="text"/>
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Date Entered in Client Track (outreach workers has three days from this date to contact client):

Coordinator Notes:

Consent for Mentoring/ Release of Information

Participant Name: _____ Guardian Name: _____

The Gang Reduction Initiative of Denver (GRID) Intervention Support Team is a Team Approach to offer wraparound services by way of Case Management and Mentoring to GRID participants. The IST wraparound team consists of education, mental health, human services, justice system, and other disciplines to provide a full menu of resources and support services. I understand that GRID Services are voluntary, and by signing below I agree to participate and accept GRID IST services.

 Participants Signature Parent Signature Date

I, _____, on behalf of myself and/or my child, _____ hereby authorize _____ of GRID to exchange and release information or copies of my records to the Gang Reduction Initiative of Denver. I understand this information is being released for the purpose of:

() Mentoring & Support Services () Other: _____

Information to be released:

- | | |
|--|--|
| <input type="checkbox"/> Educational Information
<input type="checkbox"/> Child Welfare Information
<input type="checkbox"/> Verbal and Written Progress
<input type="checkbox"/> Psychosocial History
<input type="checkbox"/> Assessment/Evaluation Reports
<input type="checkbox"/> Vocational Rehabilitation Information
<input type="checkbox"/> Audio – Visual | <input type="checkbox"/> Mental Health
<input type="checkbox"/> Medication History
<input type="checkbox"/> Medical Information
<input type="checkbox"/> Physicians Orders
<input type="checkbox"/> Laboratory Data
<input type="checkbox"/> Court History Reports
<input type="checkbox"/> Other: |
|--|--|

I understand released information may pertain to the following condition(s):

- | | |
|--|--|
| <input type="checkbox"/> Substance Use and/or Dependency
<input type="checkbox"/> Educational Information | <input type="checkbox"/> Psychological or Psychiatric Information
<input type="checkbox"/> Medical Treatment/Health Information |
|--|--|

I certify this request has been made voluntarily. I understand this consent will expire upon my exit from GRID services. I hereby release the provider from any liability which may result from furnishing the information requested in this release.

A copy or fax of this request and authorization is considered to as valid as the original.

Client Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Autorización para la divulgación de información

Oficial de Supervisión: _____ Teléfono: _____

A: _____

Teléfono: _____

Fax: _____

Yo, _____, por la presente autorizo a

para intercambiar y divulgar información o copias de mis registros al La Iniciativa de Reducción de Pandillas de Denver. Entiendo que esta información se está divulgando para fines de:

 Continuidad del cuidado Otro:

Información que se divulgará:

 Información académica Historial psicosocial Planes de tratamiento Información psicológica Progreso verbal y escrito Historial psiquiátrico Presencia de tratamiento Órdenes del médico Historial e información física Copia del plan de cuidados post-hospitalarios Historial de medicamentos Datos de laboratorio Resumen de alta Otros:

Entiendo que la información divulgada podrá referirse a las siguientes condiciones:

 Consumo o dependencia de sustancias Información psicológica o psiquiátrica Información académica Tratamiento médico o información de salud

Certifico que esta solicitud se hace voluntariamente. Entiendo que esta autorización vencerá el día

_____, o, si se deja en blanco, al cabo de 90 días. Por la presente exoneró al proveedor de cualquier responsabilidad legal que pudiera surgir de suministrar la información solicitada en la presente autorización.

Las copias o facsímiles de la presente solicitud y autorización tendrán la misma validez del original.

Firma del cliente: _____

Fecha: _____

Firma del padre o tutor: _____

Fecha: _____