

Community Connections (ARC) Referral Form Provincial Correctional Centres

Facility: _____

Referral Date: _____

General Information:

Facility Worker: _____ Phone Number: _____

Probation Officer (if applicable): _____ Phone Number: _____

Offender Information:

_____ Male Female _____
 First Name Middle Name Last Name DOB (MM/DD/YY) Age

Ethnicity: Caucasian First Nation Metis Non-Status Other First Nation: _____

CJIMS ID # _____ Current Sentence Expiry _____

PRA Risk Level: _____ Date PRA Complete: _____

Primary Conviction: _____ Secondary Conviction: _____

Offence History: Non-Compliance Property CDSA Weapons Offense Against Person

Offender's Home Address _____

Offender's Alternate Address _____

Phone/ Cell _____ Messages/Alt. Phone _____ Email _____

Reason for Referral: Select only those risk/need factors you are referring to Community Connections program.

PRA Risk Factors

<input type="checkbox"/> Substance Use <input type="checkbox"/> Pro-Criminal Attitude <input type="checkbox"/> Pro-Criminal Peers and Companions <input type="checkbox"/> Academic and Vocational Skills	<input type="checkbox"/> Family/Marital Relationships <input type="checkbox"/> Emotional Stability of Offender <input type="checkbox"/> Transience or Address Change <input type="checkbox"/> Financial Situation
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For Each Risk / Need Area Identified:

- Provide brief summary of why factor is currently a risk;
- If applicable, summarize what has worked in the past (strength-based, solution-focused);
- Note any formal (professional) supports, and/or family, friends, or other collateral supports that are currently addressing the risk area(s).

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Please provide a brief description of the client & family. Who lives in the household?

Please provide a brief description of the client's mental ability. Can the client function independently or does the client have a known diagnosis that affects mental ability?

Cautions/Safety Concerns: Identify any cautions or safety concerns staff should be aware of when engaging with the client and/or with his/her family (*suicidal or self-harm behaviours, substance abuse issues within the home, aggression/violence within the home or community, health alerts i.e. TB, HIV, Hep C, Diabetes*)

What Responsivity Factors should the staff pay attention to when developing supports (*cultural interests, strength areas, aptitude, barriers or deficits such as; ADD, FASD, withdrawn, victimized, mental health, gang involvement, or problem relationships, etc.*)?

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Support People:

Name	Nature of Involvement	Contact Information

Relapse Prevention Plan: What strategies were developed with the client to help manager his/her high risk behaviours?

Conditions and Lawful Instructions: List only those conditions that could impact Community Connection activities.

For Community Connections Agency Completion:

Date Referral Received: _____

Referral Accepted: Yes No

Reason not accepted:

Community Connections Worker: _____

Approved By: _____

Date of Approval: _____