

Community Counselling Services ReKnew (PAR) Program (Probation & Parole, And Crown)

<p>Instruction: Welcome to the Community Counselling Services ReKnew (Partner Assault Response) Program Referral Form for clients of Probation & Parole and Court-Mandated Clients. This form collects essential information to help us understand your client's needs and provide the appropriate support. Please complete all sections below.</p>	
<p>Referral Date: Click or tap here to enter text.</p>	<p><input type="checkbox"/> Men's PAR <input type="checkbox"/> Women's PAR</p>
<p>Clients' Motivation to Attend:</p> <p><input type="checkbox"/> Motivated <input type="checkbox"/> Unmotivated</p>	<p><input type="checkbox"/> Advised client of 12-week ReKnew(PAR) program, costs \$560 (Sliding scale and payment arrangements available through the ReKnew(PAR) Coordinator)</p>
<p>Probation Officer: Click or tap here to enter text.</p>	<p>Phone #: Click or tap here to enter text.</p>
<p>Next Court Date: Click or tap to enter a date.</p>	<p>Fill in the below: (Crown Referral Not Applicable)</p> <p>Probation start date: Click or tap to enter a date.</p>
	<p>Probation end date: Click or tap to enter a date.</p>
<p>Select one: <input type="checkbox"/> Release to CCC and obtain information from CCC, OR <input type="checkbox"/> Release only to CCC</p>	
<p>Type of Referral: (In EMH: Presenting Issues)</p>	<p><input type="checkbox"/> Early Intervention (EI) (Crown Only)</p> <p>Available pre-sentence as a condition of a revised recognizance of bail, or post-sentence as a condition of a probation or conditional sentence order, to offenders who have no previous convictions for violence-related offences; have pled guilty to a criminal charge involving domestic violence; did not cause significant injuries or harm in committing the offence; and did not use a weapon in committing the offence.</p> <p><input type="checkbox"/> Peace Bond (Crown Only) Include -acknowledgment Form attached</p> <p>An individual who has agreed to attend a PAR program as a condition of a Section 810 Peace Bond and has acknowledged through a signed Acknowledgment Form (see Forms, Section 7), that his or her actions caused a current or former partner to fear or feel unsafe. The Purpose of the Acknowledgement form is to reinforce the notion of responsibility.</p> <p><input type="checkbox"/> Coordinated Prosecution (Probation & Parole Only)</p> <p>Available to offenders who are ineligible for, or who decline to participate in EI. Suppose the offender is convicted following a prosecution. In that case, Crown attorneys may seek PAR as a condition of a probation or conditional sentence order, in addition to any other sentence that may be appropriate in the circumstances.</p> <p><input type="checkbox"/> Non-DV Charge Probation and Parole (Other) (Probation & Parole Only)</p> <p>A Probation and Parole (Other) referral is an individual who has been convicted of a non-domestic Violence offence and has been identified (by a supervising Probation and Parole Officer) as being Abusive or controlling to a partner.</p>
<p>Required Documents:</p>	<p>These documents must be included with the referral.</p> <p><input type="checkbox"/> Court Order (See below) <input type="checkbox"/> Synopsis of the Offence</p> <p><input type="checkbox"/> Criminal Record of the Accused (If one exists)</p>

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	If DVRM or ODERA is unavailable, please explain: Click or tap here to enter text.
Court Order:	<input type="checkbox"/> Bail Order <input type="checkbox"/> Conditional Sentence order <input type="checkbox"/> Probation Order <input type="checkbox"/> s.810 Peace Bond
If available:	<input type="checkbox"/> Victim Impact Statement <input type="checkbox"/> .810 Peace Bond Acknowledgment form <input type="checkbox"/> Domestic Violence Supplementary Report Form (LE-239) / Domestic Violence
From Probation only:	<input type="checkbox"/> The Referral Intake Form (RIF)

Client Information:

First Name Click or tap here to enter text.	Last Name: Click or tap here to enter text.	Preferred Name Click or tap here to enter text.
D.O.B Click or tap here to enter text.	Gender Identity: Click or tap here to enter text. Gender: Click or tap here to enter text.	
Indigenous Status: Choose an item.	Ethnicity/ cultural identity: Choose an item.	
Preferred Language: Choose an item.	Mother Tongue/ First Language: Choose an item.	
Address:		
Street Address: Click or tap here to enter text.	City: Click or tap here to enter text.	
Province/Country: Click or tap here to enter text.	Postal Code: Click or tap here to enter text.	
Contact Information:		
Home Number: Click or tap here to enter text.	<input type="checkbox"/> Ok to Contact	<input type="checkbox"/> Ok to leave msg
Cell Number: Click or tap here to enter text.	<input type="checkbox"/> Ok to Contact	<input type="checkbox"/> Ok to leave msg <input type="checkbox"/> Ok to Text
Email: Click or tap here to enter text.	Permission to e-mail: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Emergency Contact: Click or tap here to enter text.	Permission to Leave Message: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Children in the Home:	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, # of Children: Click or tap here to enter text.
Employment Status:	<input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> Unemployed <input type="checkbox"/> Ontario Works <input type="checkbox"/> Student Loan <input type="checkbox"/> EI <input type="checkbox"/> Savings <input type="checkbox"/> Pension <input type="checkbox"/> ODSP	
Gross Annual Income: <input type="checkbox"/> Less than \$10,000 <input type="checkbox"/> \$10,000 - \$25,999 <input type="checkbox"/> \$26,000 – \$35,999 <input type="checkbox"/> \$36,000 - \$55,999 <input type="checkbox"/> \$56,000 –\$75,999 <input type="checkbox"/> \$76,000 - \$85,999	Highest Level of Education: <input type="checkbox"/> Grade 8 or less <input type="checkbox"/> Less than High School <input type="checkbox"/> Completed High School <input type="checkbox"/> Some College <input type="checkbox"/> Completed College <input type="checkbox"/> Some University	



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<input type="checkbox"/> \$86,000 or more	<input type="checkbox"/> University Degree <input type="checkbox"/> Post-Graduate Degree
Preferred Method of Service: <input type="checkbox"/> In person <input type="checkbox"/> Flexible <input type="checkbox"/> Phone/Video Conference	
Are you prohibited from contacting your (ex)-Partner because of a Bail Condition, Restraining Order or Peace Bond?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been charged with or Found Guilty of an offence against a partner at any time in the past?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, When? Click or tap here to enter text.
Have you attended ReKnew (Partner Assault Response) Group in the past?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Background Information:

Are there any current mental health concerns?	<input type="checkbox"/> Yes <input type="checkbox"/> No History: Click or tap here to enter text.
Are there any safety concerns?	<input type="checkbox"/> Yes <input type="checkbox"/> No Explain: Click or tap here to enter text.
Are there any known outstanding charges?	<input type="checkbox"/> Yes <input type="checkbox"/> No Details: Click or tap here to enter text.
Are there any current substance use concerns?	<input type="checkbox"/> Yes <input type="checkbox"/> No Details: Click or tap here to enter text.
Are there any known barriers to participation? (i.e., Language, disability, etc....?)	<input type="checkbox"/> Yes <input type="checkbox"/> No Explain: Click or tap here to enter text.

Reason for Referral/ Comments/ Information related to the Offender's Motivation to Participate:

Explain: Click or tap here to enter text.

Victim

☐ Contact information unknown

First Name:	Last Name: Click or tap here to enter text.	D.O.B: Click or tap here to enter text.
Preferred Name Click or tap here to enter text.		Gender Identity: Click or tap here to enter text.
Street Address: Click or tap here to enter text.		City: Click or tap here to enter text.
Province: Ontario		Postal Code: Click or tap here to enter text.



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Home Number:	<input type="checkbox"/> Ok to Contact	<input type="checkbox"/> Ok to leave msg
Work Number: Click or tap here to enter text.	<input type="checkbox"/> Ok to Contact	<input type="checkbox"/> Ok to leave msg

Current Partner (if different from victim) ☐ Yes ☐ No

First Name Click or tap here to enter text.	Last Name Click or tap here to enter text.	D.O.B Click or tap here to enter text.
Preferred Name Click or tap here to enter text.	Gender Identity: Click or tap here to enter text.	
Street Address: Click or tap here to enter text.	City: Click or tap here to enter text.	
Province: Ontario	Postal Code: Click or tap here to enter text.	
Home Number: Click or tap here to enter text.	<input type="checkbox"/> Ok to Contact	<input type="checkbox"/> Ok to leave msg
Work Number: Click or tap here to enter text.	<input type="checkbox"/> Ok to Contact	<input type="checkbox"/> Ok to leave msg

Forward the completed ReKnew(PAR) referral and attached Documents Via Email

Email Address: ReKnewPAR@cccnp.com

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