



GRIP: Gang Response and Intervention Program Referral Form Program

Name: _____ Age: _____ DOB _____

Address: _____

Phone No: _____

Parents: _____

Emergency Phone No: _____

(Include parent address and phone number is different from participant)

Referral Source, Name of Staff Person & Agency: _____

Phone No: _____

Other Agencies Involved: _____

Using the following list to identify gang behavior, check (x) all that applies to this individual.

- Family background (other family members gang affiliation) _____
- Symbols/symbolic behavior (tattoo or written) _____
- Self-admission (Name of gang) _____
- Association with gang members _____
- Location or residence _____
 - Know gang area Yes No
- Police Identification _____
- Other legal identification (Police reports, adjudication of gang offenses) _____
- Other institutional identification (gang related problems in school) _____
- Gang related offenses _____
 - Type? _____
- Prior reports of gang affiliation _____
- Physical confrontation with opposing gang members _____
- Gang paraphernalia (clothing/colors, hats, bandanas, jewelry, shoelaces, belts, etc) _____
- Possession of photos showing gang insignia or know gang members _____
- Tagging _____
- Possession of written material such as rival gang list or organizational plans _____
- Use of new nickname, if yes, what name _____

What is the expected outcome of the juvenile's participation in this program?

Is the program ordered by the court? Yes No

Are the parents agreeable to youth being in this program? Yes No

Will the parents participate as well? Yes No

What are the consequences for youth not following through with the program?

Any other notes or information that may assist GRIP staff regarding youth

You can either fax this referral to Pattie Moreno at (303) 651-8839 or email pattie.moreno@ci.longmont.co.us.

To download this form Referral form, please go to
http://www.ci.longmont.co.us/youth_services/problem_solving/index.htm

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Phone: 303-651-8580