

LARIMER COUNTY | COMMUNITY CORRECTIONS DEPARTMENT

2255 Midpoint Drive, Fort Collins, Colorado 80525-4306, 970.498.7530, Larimer.org/cjs/comcor

21-Day Strategic Individualized Remediation Treatment Program Application

Client Name: _____ Date: _____

DOB: _____ SSN: _____ SID: _____

Referring Person: _____ PO/CM if different: _____

Agency: _____ Phone: _____ ext: _____ Fax: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Client is in: Custody Community

Has client been in STIRT before? Yes No

Treatment experience and outcomes: _____

Is client presently in treatment? Yes No Where? _____

Will client go to another program after STIRT? Yes No Where? _____

Client's drug(s) of choice: _____

Method of drug use: _____ IV User? Yes No

Number of felony convictions: _____ Age at first arrest: _____

Drug related? Yes No Violent? Yes No Interstate Offender? Yes No

Current offense Misdemeanor Felony

Describe current offense: _____

Most serious offense in criminal history: _____

Does the client have any pending cases? Yes No

Will client go to jail after STIRT? Yes No

Is client currently supervised/registered as a sex offender? Yes No

Please indicate any past sex offenses: _____

Required Test Results: Completed SOA-R paperwork (LSI, SSI-R, ASUS-R, and TxRW)

All COMPLETED information (LSI, SSI, ASUS, TxRW, PSI and/or DOC Paperwork) must be sent with application or the application will not be accepted. If there are mental health issues, records of diagnosis are beneficial.

LSI (current): _____ SSI: _____ Tx Level (TxRW): _____

ASUS scores: Invl: _____ Disrpt: _____ Social: _____ Mood/Emotn: _____ Dfns: _____ Global: _____

Legal Status:

Condition of Probation DOC transition DOC parole DOC ISP MRD: _____

Community Corrections Residential Community Corrections Non-Residential

Medical/Dental Conditions: (LCCC STIRT is a non-medical facility and is not appropriate for clients with serious medical/dental problems or special medical/dental needs.)

Psychiatric Conditions: (Clients must be free from overt psychiatric symptoms and, if needed, maintained and stabilized on appropriate medications prior to admission)

Prescribed Medications: (All necessary medications MUST accompany the client. Client must bring a 21-day supply or have the means to refill prescriptions while in the program. LCCC STIRT cannot write prescriptions, buy meds, or provide medical clearance for medications.)

Current Disruptive Behaviors/Situation that triggered referral:

Other Comments or Concerns: For questions please contact:

Erin Greaser, Court Services Specialist II
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Fax referrals to:
Erin Greaser
970-498-7590