

# 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:

Please return to: [treatment-services@co.larimer.co.us](mailto:treatment-services@co.larimer.co.us)

Contact Treatment Services at 970-498-7530