John Howard

THE JOHN HOWARD SOCIETY OF MANITOBA

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Bail Navigator Program

REFERRAL FORM

Participant Name: _____
(First Name)   (Middle)   (Last)

Date of Birth: _____
(Year/Month/Day)

Current Institution Location: _____

Current List of Charges: _____

_____

_____

Next Court Date: _____

Referring Person's Information

Crown-Name: _____

Must include name of Crown for purpose of communicating an acceptable plan. The information collected will not be shared with the Crown, only the plan will.

Phone Number(s): _____

Email:_____

Lawyer Name: _____

Phone Number(s): _____

Email:_____

*PLEASE ADD SIGNED CONSENT FORM FOR RELEASE OF INFORMATION

Date of Referral:_____

Please email or fax a current CPIC and Police
Report to Julie Nyman along with this referral
jnyman@johnhoward.mb.ca

Consent to Release of Information

Client Name: _____

               First Name   Middle Name   Last Name

DOB: _____

I give my permission for representatives of the John Howard Society of Manitoba to forward and receive my personal information regarding my case plan, programming, attendance, personal history, medical history, criminal history or current criminal justice involvement, and/or to send referrals on my behalf with the following noted collaterals for the sole purposes of case planning and program involvement. All information shared will be as applicable.

    X JHSM Program Researcher
    X Lawyer _____
    ☐ Parole Officer _____
    ☐ Probation Officer _____
    X Other: Crown Attorney
    X Other: JHSM Manager

I can be assured that all my personal information will be stored and secured in a locked office to maintain personal privacy.

Personal information *will not* be shared with anyone outside of the John Howard Society of Manitoba without your written permission, *except:*

1. When there is reason to believe that you are a danger to yourself.
2. When there is reason to believe that you may be a danger to other people.
3. When there is a suspicion of abuse or neglect of a person.

Every effort will be made to inform you should it be required to share your information. Any information shared will be pertinent and limited to the purpose required. By signing this agreement you acknowledge that you have read the agreement in full, or that all information was read to you, and that you understand you are providing your informed consent in regards to the release of your information between the aforementioned parties.

_____   _____

Client Name (please print)   Client Signature

_____ _____   _____

Program Caseworker Name (please print)   Program Caseworker Signature