EXAMPLE CVI Participant Safety Assessment Form

About this form. This safety assessment was developed for programming based on the READI Chicago model and has been used in replications such as Pushing Progress Philly (P3) in Philadelphia. Outreach staff complete the form before a participant begins traveling to a new job-training site. It is designed to identify potential safety concerns, such as conflicts, unsafe travel routes, or risks associated with the site, and determine whether additional planning or supports are needed before programming begins.

Complete all applicable items. Use additional pages when more space is needed.

OUTREACH STAFF/CASE MANAGER TO PROVIDE DETAILS BELOW

Participant name or ID	**Program/site**

Today's date	**Outreach worker's name and organization**	**Date outreach began working with participant**

1. Provide details confirming that Outreach staff had at least three successful contacts with the participant before Outreach Orientation.

PARTICIPANT SAFETY AND POTENTIAL BARRIERS

2. With what group, gang, or areas is the participant currently affiliated? What groups, gangs, or areas has the participant been affiliated with <u>in the past</u>?

Please identify specific blocks or areas when relevant.

3. Is the participant currently active with the group or gang listed above?

☐ Yes ☐ No

4. Does the participant currently have conflicts/beefs with any individuals or groups? Are any current [PROGRAM NAME] participants at this site considered threats/opposition?

Please identify specific blocks or areas when relevant.

5. Does the participant have any family members in [PROGRAM NAME]?

☐ Yes ☐ No

6. What is the participant's primary mode of transportation?

Response: _____

7. Are there reported safety barriers to the participant traveling to the job training site?

Describe the concern and explain how staff vetted it.

8. Are there reported safety barriers to the participant being at the job training site?

Describe the concern and explain how Outreach vetted it.

9. Not counting the job site, are there areas in the city where the participant does not feel safe or cannot be?

Include any areas where participant feels unsafe; be as specific as possible.

10. Are there any other safety risks or concerns related to the participant entering [PROGRAM NAME]?

11. Rate the participant's current safety risk.

Safety risk level: ☐ 1 Low/None ☐ 2 ☐ 3 ☐ 4 ☐ 5 High

12. Is a safety plan needed?

☐ Yes ☐ No

13. If a safety plan is needed, describe the plan and any actions required before Outreach Orientation or handoff to job training programming.

Examples may include a peace circle, route planning, schedule changes, accompaniment, relocation, or coordination with program partners.

LEGAL, HOUSING, EDUCATION, AND HEALTH INFORMATION

14. List any pending criminal justice or court cases.

15. Is the participant on electronic monitoring, probation, or parole? Are there any criminal legal system conditions the program partner should know about?

16. What is the participant's current housing situation?

17. What is the participant's highest level of education? Does the participant have a GED?

18. Is the participant currently taking classes?

☐ Yes ☐ No

19. Is the participant currently taking medication?

If yes, specify and provide any documentation required by the program partner.

20. Does the participant have any known allergies?

If yes, specify.

21. Does the participant have any physical limitations that could affect working outdoors or participating at the job-training site?

For example, difficulty walking up and down stairs.

22. Is there anything else the program partner should know about the participant?

Include known barriers, relationships with other participants, or other information relevant to safety and successful participation.

SAFETY ASSESSMENT HANDOFF MEETING

Date of handoff meeting	Participants in meeting

23. Were potential safety barriers and risks discussed?

☐ Yes ☐ No

24. What safety risk level was assigned at the handoff meeting?

Safety risk level: ☐ 1 Low/None ☐ 2 ☐ 3 ☐ 4 ☐ 5 High

25. Was a safety plan put in place?

☐ Yes ☐ No ☐ Not applicable

26. If a safety plan was put in place, briefly describe it.

27. Was a full safety risk assessment completed?

☐ Yes ☐ No

28. Additional notes

SIGNATURES

Program/job training staff member's full name	**Date**
Program/job training staff signature	
Outreach staff member's full name	**Date**
Outreach staff signature	