



Circles of Support and Accountability (CoSA) Application Process

CoSA is a community-based response to individuals (core members) who have committed one or more sexual offences being released into the community with minimal support to assist them in safe transition and positive reintegration. CoSA aims to substantially reduce the risk of future sexual victimization of community members by assisting and supporting released individuals in their task of reintegrating with the community and leading responsible, productive, and accountable lives.

The Micah Mission offers CoSA programming in the city of Saskatoon and surrounding areas. **Priority support is offered to individuals who have been assessed with medium to very high recidivism rates and little to no community support.** Individuals with low to medium assessment scores will be considered on a case-by-case basis.

Participation in CoSA is voluntary and cannot be mandated. Prior to submitting a referral, the CoSA core member eligibility criteria should be thoroughly reviewed.

Core Member Eligibility:

- ✓ Convicted of one or more sexual offences;
- ✓ Committed to not re-offending and living a positive, crime free life;
- ✓ Openness to disclosing offence history and relapse prevention plan;
- ✓ Committed to complying with conditions set out by the courts and police;
- ✓ Committed to regularly attend weekly circles for a **period of one year**;
- ✓ Voluntarily participating in CoSA.

An applicant must complete all three steps of the application process as listed below prior to receiving official acceptance as a CoSA core member, and circle placement.

Application Process:

1. In-person screening interview - may be completed within a correctional institution, or the community.
2. Submission of *CoSA Referral Form* and *CoSA Consent for Disclosure of Personal Information* - may be completed within a correctional institution, or the community.
3. In-person intake and actuarial risk assessment - must be completed upon release within the community.

Please note case management teams and community partners may be contacted to review available criminal file information. **Acceptance into CoSA is solely granted by the Micah Mission.**

For more information regarding CoSA, please contact Adriana Appleton, CoSA Administrator, by phone at 306.653.3099, or email adriana@themicahmission.org.



Self-Referral Agency Referral

Agency: _____ Date: _____

Contact Name: _____ Position: _____

Phone: _____ Email: _____

APPLICANT INFORMATION

Name: _____ Date of Birth: _____

Phone: _____ Address: _____

Federal/Provincial Institutional Number: _____

Warrant Expiry Date: _____ Release Date: _____

Release Type: _____

OFFENCE HISTORY

Nature of Offence(s): _____

Previous Offence(s): _____

ASSESSED RISK LEVEL

Static-99R Score: _____ Date of Most Recent Scoring: _____

Static-2002R Score: _____ Date of Most Recent Scoring: _____

Stable-2007 Score: _____ Date of Most Recent Scoring: _____

Assessed Risk Level: Very Low Low Medium High Very High

AVAILABLE COMMUNITY & SOCIAL SUPPORT

Level of Social/Community Support: Very Low Low Medium High Very High

1) Organization: _____

Program: _____ Start Date: _____

2) Organization: _____

Program: _____ Start Date: _____



3) Organization: _____

Program: _____ Start Date: _____

Available Pro-Social Support: Family Friends Faith Community Other: _____

PHYSICAL & MENTAL HEALTH (*please solely detail official diagnoses made by a clinician*)

1) Diagnosis: _____ Currently Receiving Treatment: Yes No

2) Diagnosis: _____ Currently Receiving Treatment: Yes No

3) Diagnosis: _____ Currently Receiving Treatment: Yes No

4) Diagnosis: _____ Currently Receiving Treatment: Yes No

COMMUNITY PAROLE/PROBATION CONTACT

Name: _____ Position: _____

Phone: _____ Email: _____

WHY WILL CoSA BE A BENEFICIAL COMMUNITY SUPPORT? _____

ADDITIONAL COMMENTS: _____



CONSENT FOR USE AND DISCLOSURE OF PERSONAL INFORMATION

I, _____, authorize:

Agency Name: _____

Address: _____ Phone: _____

To disclose personal information as described below for the purpose of CoSA to:

The Micah Mission – 600 45th Street West, Saskatoon, Saskatchewan | 306.653.3099

The type of information to be disclosed is as follows:

- *Legal Name*
- *Date of Birth*
- *Place of Residence*
- *Telephone Number*
- *Institutional Number*
- *Warrant Expiry Date*
- *Release Information*
- *Assessed Risk Level*
- *Social Supports*
- *Mental/Physical Health*
- *Case Management Team*
- *Nature of Offence(s)*
- *Other: _____*
- *Other: _____*

I understand that the refusal to consent to such disclosure will not prejudice me in any way or result in any adverse consequence in connection with the Micah Mission and CoSA programming. My personal information will be protected by the standards set out in *The Privacy Act* and *The Personal Information Protection and Electronic Documents Act*. Notwithstanding the above, there are circumstances where safety, ethics, and liability concerns will necessitate sharing of information outside CoSA. Such circumstances include all cases where:

1. There is a suspicion of imminent risk of or actual abuse of a child, whether after learning about a historical offence or a current circumstance.
2. There are reasonable grounds to believe that there is serious imminent danger to the community, (i.e., serious imminent harm to a person, or a threat of suicide, or other danger).
3. There are reasonable grounds to believe that the core member is at risk of committing or has committed an offence other than a sexual or violent offence, including breaching their legal conditions.

This consent shall be and remain in full force and effect until: _____

Applicant Name	Signature	Date
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Agency Representative Name	Signature	Date
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