

**Gang Response Intervention Team (G.R.I.T.)
Referral Form**

**Please submit referrals to Jennifer Kooyoomjian. GRIT Coordinator via email
jkooyoomjian@pwcgov.org
(703) 792-6249**

Referral Source: _____ Phone Number: _____

Name of Client: _____

Phone Numbers for Client:

Home: _____ Work: _____

Cell: _____

Address of Client:

Name(s) of Parent(s)/Guardian(s):

Addresses for Parent(s) and Guardian(s) *(if different from child)*:

Names & All Contact Numbers for Parent(s)/Guardians:

Home: _____ Work: _____ Cell: _____

Reason for Referral:

Safety Concerns: _____

Does client/family have transportation needs?

Case manager's name (if applicable): _____