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| **ULSTER COUNTY SAFE HARBOUR FORM** |
| Reason for submission**: Notification** (data collection)  **Referral** (for services) ****  |
| Source Referring | *Name*  | *Department/Organization* | Phone Number |  |
| Relationship to Youth |  | Date |  |
| **Is there current DSS involvement?** (FC, Prev., CPS, or CCS)  Yes  No |
| **If OCFS Sex Trafficking Assessment is used, please check if the child**:1. Meets definition of a sex trafficking victim **** b. Classifies as High Level 
 |
| IDENTIFYING INFORMATION |
| Youth Name: ***(Optional)*** |  | DOB/Age **@ intake** |
| Zip Code: |
| DEMOGRAPHICS  |
| Race of Youth |  African American  African Native  Alaskan Native  American Indian  Caribbean Islander  Caucasian Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Ethnicity of Youth  |  Non-Hispanic  Hispanic  Other |
| Youth Identifies as |  Male  Female  Transgender  Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| PRESENTING ISSUES/CONCERNS: |
| **Do you feel that this youth is being sexually exploited or is at risk?** **Please explain:** |  |
| **Do you suspect that this youth is being labor trafficked? If so, please check which one.** |  Bonded labor or debt bondage (when labor is demanded as repayment for a loan or service Forced labor ( when youth are forced to work against their own will by force, fraud or coercion) Domestic Servitude  Janitorial Agricultural Labor  Food Service/Other Sweatshop Factory Labor  Begging Illegal drug trade  Bars Strip Clubs or dancers |
| ADDITIONAL INFORMATION |
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***Please complete this form and fax or email to:***

***Jackie Arsenuk – Safe Harbour Coordinator***

***Phone Number: 845-340-3927 Fax: 845-334-8660***

***Ulster.SafeHarbour@gmail.com***