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| **ULSTER COUNTY SAFE HARBOUR FORM** | | | |
| Reason for Submission  **Notification** (DSS only)  **Referral** (for services) | | | |
| Name of Referencing Source: | | | *Phone* |
| Relationship to Youth ***(Include Dept if DSS***):  **Is there current involvement with:  CPS  FAR  Prev  FC  CCS  Probation** | | | *Date* |
| **j**  **k**  **DSS (CID) Case Initiation Date:** | | | |
| **If OCFS Sex Trafficking Assessment is used, please check if the child:**  Meets definition of a sex trafficking victim Classifies as High Level | | | |
| IDENTIFYING INFORMATION | | | |
| Youth Name *(First, Middle Initial,Last)*  ***(optional)*** | | DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ | |
| Age **(at intake)** | |
| Zip Code | |
| YOUTH DEMOGRAPHICS | | | |
| Ethnicity  **** Non- Hispanic  **** Hispanic  **** Other \_\_\_\_\_\_\_\_\_ | Documentation  **** Documented **** Undocumented  **** Not Applicable **** Unknown | Nationality  **** US Born **** US Citizen  **** Not US Born **** Unknown | |
| Identifies as  **** Male **** Female  **** Transgender  **** Other \_\_\_\_\_\_\_\_\_ | Ethnicity  **** African American **** American Indian  **** African Native **** Caucasian  **** Caribbean Islander **** Other \_\_\_\_\_\_\_\_\_ | Sexual Orientation **(if known)**  **** Bisexual **** Straight/Hetero  **** Lesbian/Gay  **** Questioning/Queer  **** Not disclosed | |
| PRESSING ISSUES/CONCERNS | | | |
| ***Is this case active?***  ***If not, when was it closed?*** |  | | |
| ***Do you feel this youth is being sexually exploited?***  ***Please explain:*** |  | | |
| ***Do you suspect that this youth is being labor trafficked? If so, please explain.*** |  | | |
| ADDITIONAL INFORMATION ***(Please add names of other workers involved in this case)*** | | | |
|  | | | |

***Complete this form, drop off, fax or email to:***

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

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

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