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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)*** |
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***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***