Ulster County Safe Harbour Referral: 2023



Name of Referencing Source:	Date:	
Phone:		
Relationship to Youth (Include Dept DSS):		
Is there current involvement with: : □ CPS □ FAR □ Prev □ FC □ CCS □ Probation		
Law Enforcement involved at any time? □ As a victim of Crime □ As a perpetrator of Crime		
Last School Grade Completed:	Pregnant or Parenting: □	
Juv Justice Detention or Placement (past/present)? □ PINS (past/present): □	
If youth is involved in child welfare, was there an allegation(s) of trafficking against parent,		
guardian, or person legally responsible, regardless of whether allegation(s) were substantiated?		
Identifying Information:		
Youth Name (First, M.I., Last) (optional):	DOB:	
Address:		
Phone:		
Parent Name:		
Address (If Different): Phone:		
Youth Demographics:		
Race	Ethnicity	
□ Black/African American	☐ Hispanic/Latino(a)	
□ Native American/Alaskan	□ Non-Hispanic/Latino(a)	
□ Caucasian	□ Other	
□ Native Hawaiian/Pacific Islander		
□ Other Biracial (describe)		
Gender Identity	Sexual Orientation	
□ Male	□ Straight/Hetero	
□ Female	□ Bi-Sexual/Pan-Sexual	
□ Trans-female (M-F)	□ Gay/Lesbian	
□ Trans-male (F-M)	□ Queer	
□ GNC/Non Binary	□ Questioning	
Pressing Issues/Concerns:		
Is this case active? If not, when was is closed?		

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Do you feel this youth is being sexually exploited? Please explain:	
Do you suspect this youth is being labor trafficked? If so, please explain:	
Is there any reason to suspect that this youth is at high risk of being trafficked?	
Additional information: (Please add contact information for anyone else involved with case):	
-	

Scan & email completed referral form along with the OCFS Rapid & Comprehensive tools to Stephanie Kelly, skel@co.ulster.ny.us and Jessica Jones, jion@co.ulster.ny.us . Please call 340-3927 w/any questions or concerns.