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| **ULSTER COUNTY SAFE HARBOUR REFERRAL FORM** |
| **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:** |
| **Last School Grade Completed:**   \_\_\_\_\_\_\_\_\_\_ **Pregnant or Parenting?**  **Juv Justice Detention or Placement (past/present)?**  **PINS (past/present)?**   |
| IDENTIFYING INFORMATION |
| Youth Name *(First, Middle Initial, Last)****(optional)*** | DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ |
| Age **(at intake)** |
| Zip Code  |
| YOUTH DEMOGRAPHICS |
| **Ethnicity****** Hispanic/Latino**** Non-Hispanic/Latino**** Other \_\_\_\_\_\_\_\_\_ | **Race****** Black/African American **** American Indian **** Asian**** Caucasian Native American/Alaskan **** **** Native Hawaiian/Pacific Islander **** Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (describe) | **Gender Identity****** Male **** Female**** Trans-female (M-F)**** Trans-Male (F-M)**** GNC/Non binary |
| **Nationality****** US Born **** US Citizen**** Not US Born**** Unknown | **Documentation****** Not Applicable-US Citizen**** Foreign Born andDocumented**** Foreign Born and Undocumented  | **Sexual Orientation (if known)****** Bisexual **** Straight/Hetero**** Gay/Homosexual**** Queer **** Questioning |
| 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 Harbou***

*Phone Number****: 845-340-3927*** *Fax:* ***845-334-8660*** *or Email****: Ulster.SafeHarbour@gmail.com***