



THE
CHILD ADVOCACY CENTER
OF NIAGARA

Niagara County Safe Harbour Project Referral Form

Complete as much information as possible. The form does not need to be complete in order to be submitted. Contact Safe Harbour Project Coordinator with any questions or concerns:

(716) 285-0045 or Dayna.Starks@nfmmc.org

Please include a copy of the Rapid Indicator Tool and Comprehensive Assessment with referral

Date of Referral:

Youth Full Name:		Youth Phone:	
Youth Address:			Zip Code:
Parent/Guardian:		Relationship to Youth:	
Parent Address: <input type="checkbox"/> Check if same as youth		Parent Phone:	
Others in Household: (list names/relationship to youth/ages)			
Parent aware of referral? <input type="checkbox"/> Yes <input type="checkbox"/> No		Youth DOB:	Age:
School:	Last Grade Completed:	Youth Pronouns:	
Youth is referred for: <input type="checkbox"/> Identification ONLY (no contact will be made with youth) <input type="checkbox"/> Safe Harbour Project Services (Intensive Case Management)			
Youth's Victimization Includes: (check all applicable) <input type="checkbox"/> Sex/CSEC <input type="checkbox"/> Labor <input type="checkbox"/> Force <input type="checkbox"/> Fraud <input type="checkbox"/> Coercion <input type="checkbox"/> Internet/Social Media <input type="checkbox"/> Suspected <input type="checkbox"/> At-Risk			
Relationship of Trafficker(s):			
Please list all current/past involvement with the following:		Who is the provider/worker? (If known)	
Law Enforcement (as an alleged perpetrator):		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Law Enforcement (as victim/survivor of crime):		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Child Welfare System:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Juvenile Justice Detention or Placement:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Incarceration (adult system):		<input type="checkbox"/> Yes <input type="checkbox"/> No	
PINS/Probation:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
CAC Involvement:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Mental Health Treatment:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Runaway/Homeless Youth Program:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Preventative Services:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Substance Abuse Treatment:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Involvement with Other Providers:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Additional Information/Reason for Referral:			
Referral Source Name/Agency:			
Referral Source Contact Information:			

Submit referral form via email to Dayna.Starks@nfmmc.org or via fax to ATTN: Safe Harbour at 716-278-4493

****Please include a copy of the youth's Rapid Indicator Tool and Comprehensive Assessment with submitted referral****

Gender Identity* (check all that apply)

<input type="checkbox"/> Female	<input type="checkbox"/> Non-Conforming/Non-binary
<input type="checkbox"/> Male	<input type="checkbox"/> Other:
<input type="checkbox"/> Transgender	<input type="checkbox"/> Not Disclosed

Sexual Orientation*

<input type="checkbox"/> Straight/heterosexual	<input type="checkbox"/> Queer
<input type="checkbox"/> Gay/homosexual	<input type="checkbox"/> Other:
<input type="checkbox"/> Bisexual	<input type="checkbox"/> Not Disclosed

Documentation Status*

<input type="checkbox"/> Not Applicable (US Citizen)	<input type="checkbox"/> Foreign born and undocumented
<input type="checkbox"/> Foreign born and documented	<input type="checkbox"/> Not Disclosed

Hispanic/Latino Ethnicity*

<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Not Hispanic or Latino
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Race*

<input type="checkbox"/> White/Caucasian	<input type="checkbox"/> Native Hawaiian or Pacific Islander
<input type="checkbox"/> Black/African American	<input type="checkbox"/> Multi-Racial
<input type="checkbox"/> Asian	<input type="checkbox"/> Other:
<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Not Disclosed

Risk Indicators (check all that apply)

<input type="checkbox"/> Engaging in commercial sex (a sex act where something of value is received)	<input type="checkbox"/> Being taken to clubs/hotels by adults or older peers
<input type="checkbox"/> Associating with adults/youth who are being trafficked or engaging in commercial sex	<input type="checkbox"/> Disclosure of serious sexual assault and then withdrawal of statement
<input type="checkbox"/> Photos of the youth being victimized and/or advertised for sexual purposes	<input type="checkbox"/> Unexplained hotel keys, cell phone, or other items of value that youth does not have means of obtaining
<input type="checkbox"/> Law enforcement referral instead of arrest for commercial sex, or youth was arrested	<input type="checkbox"/> Disappearing from the child welfare system/placement with no contact or support
<input type="checkbox"/> Youth reports trading sex for a place to stay, food, drugs or anything of value	<input type="checkbox"/> Use of commercial sex slang terms ("johns", "tricks", etc.)
<input type="checkbox"/> Youth reports being involved in the sex industry (strip clubs, private sex parties, etc.)	<input type="checkbox"/> Recruiting peers into exploitation
<input type="checkbox"/> Someone witnesses the youth engaging in a commercial sex act	<input type="checkbox"/> Tattoos that they are reluctant to explain, especially if they show ownership or names
<input type="checkbox"/> Youth over 18 engaging in commercial sex due to force, fraud or coercion	<input type="checkbox"/> Does not have identification or reports someone is holding identification for them
<input type="checkbox"/> Multiple instances of youth running away or being kicked out	<input type="checkbox"/> Youth discloses offering to have sex for something of value but left before sex occurred
<input type="checkbox"/> Being seen in exploitation hotspots (known houses, recruiting grounds, etc.)	<input type="checkbox"/> Being groomed online, involved in sexploitation, or sexual risk taking on social media
<input type="checkbox"/> Youth has a significantly older partner whom they appear to be afraid of or is controlling	<input type="checkbox"/> Multiple STI's, pregnancies, and/or abortions

* for data collection purposes only

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