

ONYX REFERRAL FORM

Voluntary Services for Sexually Exploited Youth

REFERRED BY:	DATE: (MM/DD/YYYY)
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Name of Youth:	DOB: (MM/DD/YYYY)	Ethnic Origin:
Current Address:		Carecard #:
Phone:	Male: <input type="checkbox"/>	Female: <input type="checkbox"/> Transgendered: <input type="checkbox"/>
Parent/Guardian:		Relationship:
Social Worker:	Office code:	Phone:
If applicable, MCFD File #(s):		

Out-of-Care Legal Status: <input type="checkbox"/> SSY <input type="checkbox"/> YAG <input type="checkbox"/> Kith & Kin <input type="checkbox"/> Supervision Order <input type="checkbox"/> Other:
In-Care Legal Status: <input type="checkbox"/> ICO <input type="checkbox"/> TCO <input type="checkbox"/> CCO <input type="checkbox"/> SNA <input type="checkbox"/> VCA <input type="checkbox"/> Other:

Current Services/workers involved:

Circumstances/issues related to sexual exploitation:

<input type="checkbox"/> Organized Crime involvement	<input type="checkbox"/> Sex for shelter/food	<input type="checkbox"/> Indoor Venues (e.g. escort, trick pads)
<input type="checkbox"/> Pimp involved	<input type="checkbox"/> Sex for drugs	<input type="checkbox"/> Gang/peer/boyfriend supported
<input type="checkbox"/> Street Trade	<input type="checkbox"/> Pornography	<input type="checkbox"/> Family Supported Exploitation
<input type="checkbox"/> Other (describe):		

Related Issues/Risks:

<input type="checkbox"/> Disconnected from Family	<input type="checkbox"/> Disconnected from School	<input type="checkbox"/> Mental Health Issues
<input type="checkbox"/> Homeless/Living on the Street	<input type="checkbox"/> AWOL from Ministry Placement	<input type="checkbox"/> Substance Misuse/Addiction
<input type="checkbox"/> Youth Justice Issues	<input type="checkbox"/> Court Involvement/Witness protection	
<input type="checkbox"/> Other (describe):		

Expected Short-Term Results for Youth:

<input type="checkbox"/> Basic Physical needs addressed	<input type="checkbox"/> Reduced involvement in sexual exploitation	<input type="checkbox"/> Stabilized living arrangement
<input type="checkbox"/> Reduced Street Involvement	<input type="checkbox"/> Positive reconnection to family	<input type="checkbox"/> Improved Physical Health
<input type="checkbox"/> Reconnection to School	<input type="checkbox"/> Improvement with Mental Health Issues	<input type="checkbox"/> Reconnection to Ministry Supports
<input type="checkbox"/> Reduced Substance misuse	<input type="checkbox"/> Reconnection to Community Supports	<input type="checkbox"/> Positive changes to peer relations
<input type="checkbox"/> Connection to training/ employment	<input type="checkbox"/> Reduced Criminal/ Youth Justice Involvement	
<input type="checkbox"/> Other (describe):		

Long Term Goal:

<input type="checkbox"/> Transition to Independence	<input type="checkbox"/> Reintegration to Healthy Family Situation	<input type="checkbox"/> Other (describe):
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Requested Services:

<input type="checkbox"/> Food / Clothing	<input type="checkbox"/> Life Skills	<input type="checkbox"/> Repatriation	<input type="checkbox"/> Counselling
<input type="checkbox"/> One-to-One Support worker	<input type="checkbox"/> Detox / Addictions	<input type="checkbox"/> Emergency Housing	
<input type="checkbox"/> Other (Describe):			

Is the Youth aware of this referral? Yes No

Comments: