

SURVIVOR MENTORING PROGRAM REFERRAL FORM

Please contact Tina Valila, Clinical Director with questions or concerns: (617)-659-4062 or tvalila@jri.org.

Youth Demographic Information			
Youth Last Name:	Youth First Name:	D.O.B.	Date:
Gender (circle one): Cisgender Female Cisgender Male Transgender Male Transgender Female Non-binary Other	Does youth identify as LGBTQ+? Yes No	Does youth or parent need translation services? For what language?	
Youth Current Placement: Program Name (if applicable): Address: Contact Person Name: Contact Person Email: Contact Person Phone:		Youth Race/Ethnicity (select all that apply): <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Hispanic/Latinx <input type="checkbox"/> African American/Black <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Middle eastern or North African <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Other: _____ <input type="checkbox"/> Unknown	
Referral Information			
REFERRED BY Name, Title (if applicable):			
Relation to youth:		Agency (if applicable):	
Phone:		Email:	
Have you informed the youth about making this referral? YES NO			
Guardianship and DCF Information			
Name of Legal Guardian:		Relation to Youth:	
Address:	Cell:	Email:	
Is DCF currently involved with minor? YES NO			
If yes, in what capacity? CRA C&P Other: _____			
DCF Worker Name:		DCF Office:	
Phone number:		Email:	
If you are with DCF, has the Lead Agency been Contacted (if applicable, prior to referring for services): YES NO N/A			
Is DMH currently involved with minor? YES NO If yes, provide location, name and contact email:			

Commercial Sexual Exploitation History

Please check which category you feel best describes the youth you are referring (choose one):

_____ **Confirmed commercial sexual exploitation of minor** [Adult knows child has exchanged sex for money, food, drugs, etc.]

_____ **Suspected commercial sexual exploitation of minor** [Adult suspects that the minor has exchanged sex for money, food, drugs, etc.]

_____ **Deemed very high risk of commercial sexual exploitation** [Minor has demonstrated multiple indicators of risk causing concern to adult; a list of risk factors can be found below.]

Is the youth currently being exploited? YES NO UNKNOWN

Are any of the following red flags happening for the youth (Check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Has a history of being missing from care/“running away” (including out of state) | <input type="checkbox"/> Clothing/jewelry/phone has upgraded over time in a way that cannot be accounted for by a family financial situation or job |
| <input type="checkbox"/> Has visible signs of abuse (i.e. cigarette burns, marks on body but not face, etc.) | <input type="checkbox"/> Has a tattoo that the youth is reluctant to explain |
| <input type="checkbox"/> Behaviors are consistent with PTSD | <input type="checkbox"/> Found in an area known for prostitution (a physical area or website) |
| <input type="checkbox"/> Attire/dress is not appropriate for the season/situation | <input type="checkbox"/> Uses language from “The Life” |
| <input type="checkbox"/> Is involved with a male who is significantly older and/or gang involved | <input type="checkbox"/> Frequently truant from school |
| <input type="checkbox"/> Has a history of multiple STIs and/or pregnancies | <input type="checkbox"/> Has new “friends”—older teens or adults |
| <input type="checkbox"/> Has access to hormone injections –outside the supervision of a medical provider | <input type="checkbox"/> Is disconnected from family or other caregiver |

Does youth have a personal/familial history of the following risk factors (Check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Sexual abuse (prior to exploitation) | <input type="checkbox"/> Physical abuse |
| <input type="checkbox"/> Sexual assault | <input type="checkbox"/> Emotional abuse |
| <input type="checkbox"/> Neglect | <input type="checkbox"/> Suicidal ideation |
| <input type="checkbox"/> Substance abuse | <input type="checkbox"/> Homelessness |
| <input type="checkbox"/> Pregnancy or parenting | <input type="checkbox"/> Involvement in the juvenile justice system |
| <input type="checkbox"/> Missing from care | <input type="checkbox"/> Family history of pimping |
| <input type="checkbox"/> Gang involvement | <input type="checkbox"/> Multigenerational commercial sexual exploitation |

Does the youth have an IEP or other concerns of cognitive limitations? YES NO UNKNOWN

If so, for what? _____

What current mental health diagnoses does the youth have (Please list)?

What medications does the youth currently take (Please list)?

