

**SURVIVOR MENTORING PROGRAM**

**REFERRAL FORM**

Survivor Mentoring at My Life My Choice is a highly specialized service for minors in Eastern Massachusetts who are victims of commercial sexual exploitation as well as for minors who are suspected to be victims of commercial sexual exploitation. Commercial sexual exploitation of children, also known as sex trafficking, is any sexual activity involving a child for which something of value is given, exchanged, or promised.

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

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| --- | --- | --- | --- | --- | --- | --- |
| **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?**   Y  N  **If yes, for what language?** | | |
| **Where does youth currently live?**  **Program Name (if applicable): Address:**  **Contact Person Name: Contact Person Email: Contact Person Phone:** | | | **Youth Race/Ethnicity (select all that apply):**  White/Caucasian  Hispanic/Latinx  African American/Black  Asian  American Indian or Alaskan Native  Middle eastern or North African  Native Hawaiian or Other Pacific Islander  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  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 a request for services been submitted to the service coordinator? (if applicable, prior to referring for services):**  YES  NO  N/A | | | | | | |
| **Is DMH currently involved with minor?**  YES NO  **If yes, provide location, name, phone number, and contact email:** | | | | | | |
| **Is DYS currently involved with minor?**  YES  NO  **If yes, provide location, name , phone number, 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.]*  **Please explain:** *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  **Suspected commercial sexual exploitation of minor** *[Adult suspects that the minor has exchanged sex for money, food, drugs, etc.]*  **Please describe why CSEC is suspected:**  *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | | | | **Does youth have a personal/familial history of the following risk factors (Check all that apply):** | | | |  | Sexual abuse (prior to exploitation)  Sexual assault  Neglect  Substance use  Pregnancy or parenting  Missing from care  Gang involvement | Physical abuse  Emotional abuse  Suicidal ideation  Homelessness  Family history of exploitation  Multigenerational commercial sexual exploitation  Court involvement | | **Does the youth have any cognitive limitations?**  **YES**  **NO**  **UNKNOWN**  **Please describe:** | | | | **Does the youth have any current mental health diagnoses? (Please list)** | | | | **What medications does the youth currently take (Please list)?** | | | | | | | | | |

This form must be signed by the legal guardian of the minor.

I, , legal guardian of , give permission for My Life My Choice to meet with, and conduct an assessment of, .

Signature Date

Print name and title Relation to minor

Send referral to Tina Valila, LICSW at [tvalila@jri.org](mailto:tvalila@jri.org)

*Rev. 1.10.23*