

Genesee County Safe Harbour Program

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Director of Financial Services

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Youth's Information

Legal Name (Name Used With Guardians):

Is this the youth's chosen name?: Yes No

If "No" Preferred Name:

DOB:

School:

Grade:

Phone Number:

Address:

Who does child/youth reside with (parents, guardian, friend, etc.):

The following information is required for state reporting purposes and *will be kept confidential*. Please complete by marking or typing the response reported by the youth. Check/complete all that apply:

Gender Identity: Female Male Trans-Female Trans-Male GNC/Non-Binary Other

Stated: _____

Preferred pronouns (*if applicable*): _____

Sexual Orientation: Straight Gay Bisexual Asexual Queer Questioning

Stated: _____

Race: White Black/African-American Asian Native-American/Alaskan Native

Native Hawaiian/Pacific Islander Multi-Racial

Ethnicity: Hispanic/Latino Non-Hispanic/Latino

Reason for referral:

Please explain any PINS, JD, Police and/or CPS involvement:

Legal Name (Name Used With Guardians):	
Is this the youth's chosen name?: <input type="checkbox"/> Yes <input type="checkbox"/> No	
If "No" Preferred Name:	
Indicators (check all that apply)	
<input type="checkbox"/> Engaging in commercial sex (sex acts in exchange for anything of value, even basic needs) <input type="checkbox"/> Engaging in sexualized contact via the internet <input type="checkbox"/> Runs away from home frequently and/or for significant periods of time <input type="checkbox"/> Disconnection from social supports <input type="checkbox"/> Poor familial boundaries <input type="checkbox"/> Over-sexualized behavior <input type="checkbox"/> Homeless/unstable housing <input type="checkbox"/> Multiple sexually transmitted infections, pregnancies or abortions <input type="checkbox"/> Signs of sexual, physical or mental abuse, depression or suicidal tendencies <input type="checkbox"/> Tattoos expressing ownership such as names, dollar signs, symbols, acronyms, other branding <input type="checkbox"/> Malnourishment or poor personal hygiene <input type="checkbox"/> Untreated injuries <input type="checkbox"/> Indications or reports of domestic violence <input type="checkbox"/> Describes a stalking situation <input type="checkbox"/> Has a significantly older partner or is always accompanied by a controlling person <input type="checkbox"/> Uses slang such as calling partner "Daddy" or "Mommy" <input type="checkbox"/> Youth's story has inconsistencies <input type="checkbox"/> Unaccounted for money or goods including cell phones, clothes, drugs, housing <input type="checkbox"/> Scared of consequences to a degree greater than the situation warrants <input type="checkbox"/> Fearfulness, anxiety, trauma symptoms <input type="checkbox"/> Poor self-image/eating disorder/self-harm <input type="checkbox"/> Experimenting with drugs or alcohol <input type="checkbox"/> Chronic substance abuse	
Parent/Guardian	
Name:	
Address:	
Phone Number:	
Any concerns with contacting the parent/guardian?	
Please explain the parent/guardian awareness and/or involvement in the situation:	
Person Submitting Referral:	Phone:
Agency/Title:	Date: