

# CSEC TASKFORCE REFERRAL COVER SHEET

The purpose of the taskforce referral process is to identify at risk or trafficked youth and ensure they have access to services. The following form should be filled out for any youth who have been screened and believed to be at a medium, high or disclosed risk of trafficking. This form should be used by any providers working with individuals 21 and younger in Ontario, Seneca and/or Yates County who have been, or are at risk of, exploitation or human trafficking. Providers can assess their clients risk level by screening clients and utilizing the OCFS Rapid Indicator Tool, and/or the OCFS comprehensive Child Sex Trafficking Indicator tool (both linked below). If you have an adult over the age of 21 that may be or has disclosed trafficking and is interested in services please refer them directly to Safe Harbors of The Finger Lakes. Once completed email this referral form and the OCFS Rapid Indicator Tool to [advocate@cacfingerlakes.org](mailto:advocate@cacfingerlakes.org)

We understand that you may not have all the information asked for on this form. Any unknown sections can be left blank. Please be sure to indicate whether you would like this form to be used to reach out to the client with services or for identification only. If you have any questions while completing this form please reach out to the CAC or Safe Harbors of the Finger Lakes. Thank you for taking the time to report this important information.

Rapid Indicator: <https://freedomnetworkusa.org/app/uploads/2018/04/OCFS-3921-Rapid-Indicator-Tool-to-Identify-Children-who-may-be-Victims-or-at-Risk-of-Being-Sex-Trafficking-Victims.pdf>

Comprehensive Screening Tool:

[http://www.cvac.us/uploads/8/0/1/7/8017311/ocfs\\_rapid\\_indicator\\_tool.pdf](http://www.cvac.us/uploads/8/0/1/7/8017311/ocfs_rapid_indicator_tool.pdf)

# TASKFORCE REFERRAL

Child's Name: \_\_\_\_\_

Referring Professional /Agency: \_\_\_\_\_ Contact Info: \_\_\_\_\_

## Youth Demographics

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Race: \_\_\_\_\_

Nicknames/Street names: \_\_\_\_\_

Social Media Usernames: \_\_\_\_\_

Child's Phone Number: \_\_\_\_\_

## Family Information

Child currently lives with (Name/Relationship): \_\_\_\_\_

Caretakers Phone Number: \_\_\_\_\_

Childs Current Address: \_\_\_\_\_

Parent(s)/Guardians: \_\_\_\_\_

## Legal Information

Current Charge/s: \_\_\_\_\_ Pending Charge/s: \_\_\_\_\_

Probation:      Yes      No      If yes, Probation Officer: \_\_\_\_\_

## Reason for Referral

\_\_\_\_\_  
\_\_\_\_\_

## Current Services

Mental Health \_\_\_\_\_ Medical Provider \_\_\_\_\_

Advocate \_\_\_\_\_ Case Management \_\_\_\_\_

Child Protective Services \_\_\_\_\_ Law Enforcement \_\_\_\_\_

## Recommendations

\_\_\_\_\_  
\_\_\_\_\_

Is a police report necessary      Yes      No      Unknown      Who will make report \_\_\_\_\_

Is an SCR report necessary      Yes      No      Unknown      Who will make report \_\_\_\_\_

Has the Referral been discussed with the client:      Yes      No

Is this Referral for Identification Only?      Yes      No