

Top portion of form completed by referring source



Bottom portion of form completed by SACEY Coordinator or Assessment personnel

Sexually Abused and Commercially Exploited Youth Program/ Safe Place Alternative
Advocacy & Case Management Services Referral Form

Minor Name: _____

AKA/Aliases: _____

Date of birth: _____ / _____ / _____

Minor phone number: _____

Parent/guardian contact info: _____

Minor's current location: _____

- Referral Source:
- Oakland Police Department
 - Alameda County Probation
 - Alameda County Assessment Center
 - Alameda County Juvenile Court
 - Alameda County District Attorney's Office
 - Alameda County Public Defender's Office
 - CBO
 - Children's Hospital
 - Family Member
 - Parent / Guardian
 - Group Home
 - Social services
 - Other (please specify): _____

Have you referred this minor before?

1st referral

2nd referral

3rd referral

Minor's current legal status:

Foster care (300 status)

Juvenile Justice (602 status)

In detention at JJC

Referral Person Name: _____ Date of Referral: _____

Contact Number: _____ Time of Referral: _____

Other contact info (fax, e-mail, second phone): _____

How minor came into contact with referral source: _____

- Does the minor have a history of abuse?
- Physical Abuse (circle one) Yes No Unknown
 - Sexual Abuse (circle one) Yes No Unknown
 - Neglect Abuse (circle one) Yes No Unknown

Has there been any known recent (within past 30 days) sexual assault? Yes No Unknown

Comments:

Date of referral receipt: _____ Date of initial contact with minor: _____

Method of contact: By phone In person Does minor have consent form on file? Y N

Outcome of Assessment: _____

Did the minor receive education and training? Y N Hours completed: _____

Program Component	Contact
Scotlan Center, Advocacy	Maheen Kaleem, 510-267-8847
MISSEY, Case Management	Adela Rodarte, 510-267-8847
MISSEY, Services Coordination	Nola Brantley, 510-267-8847

Fax this referral form to 510-267-8849. Please include a confidential cover page. Thank you!