



Motivating, Inspiring, Supporting & Serving Sexually Exploited Youth, Inc.
436 14th Street, Suite 150 Oakland, CA 94612 | 510-251-2070 ext. 109 o | 866-585-7819 f | www.missey.org

MISSEY Direct Services Referral Form

Reason for Referral

- Current/previous exploitation
 At-risk

Is this youth in foster care?

- Yes
 No

Is this youth connected to the justice system?

- Yes
 No

Information

Youth Name (First Name & Last Name)

_____/_____/_____
Date of Birth

Youth Contact Number(s)

_____ yrs.
Age at time of referral

Youth Address

Youth's current living situation

Does this minor have a history of abuse?

- Physical Abuse Yes No Unknown
Sexual Abuse Yes No Unknown
Neglect Yes No Unknown

Have you referred this minor before?

- 1st referral
 2nd referral
 3rd referral

- Probation Placement
 In detention at ACJJC
 Next of kin
 Homeless
 Foster care / group home
 Independent

Has there been any known recent (w/in 60 days) sexual or physical assault?

- Yes No Unknown

Has there been any known recent (w/in 60 days) contact with law enforcement or arrests?

- Yes No Unknown

Does the youth know the referral was made?

- Yes No

Referral Source Information

Referring Person's Name

_____/_____/_____
Date of Referral

Agency or Relationship to minor

Referring Person Contact Number(s)

E-mail

How did youth come into contact with the referral source? _____

Reason for the referral: _____

Other referrals made

- WestCoast Children's Clinic
 BAWAR
 Other: _____
 Other: _____
 Other: _____

Additional Information: _____

PLEASE INCLUDE A CONFIDENTIAL COVER PAGE AND FAX COMPLETED FORM TO 1-866-585-7819, ATTN: DIRECT SERVICES TEAM

BOTTOM PORTION COMPLETED BY MISSEY STAFF ONLY

Date of referral receipt: ____/____/____

Staff Assigned: _____

Date of initial contact with minor: ____/____/____

MISSEY Direct Services referral to:

- Drop In Center
 Case Management
 Mentorship Program
 Foster Care Youth Services (Youth Engagement)

REFERRED OUT TO: _____

Contact Name: _____

Contact Phone: _____

E-mail: _____