

***Madison County Safe Harbour Program***

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*Madison County Safe Harbour Program is intended to serve youth that have been identified as trafficked or are considered at risk of being trafficked. The aim is to provide individualized case management services, education and support to meet the youth’s unique needs. A safe harbour is defined as a place of refuge, a place of safety and protection. This program’s goal is to help ensure that all our youth have the opportunity to grow and flourish in a safe environment, and in so doing, allow them to reach their full potential.*

Youth’s Information
<b>Name:</b>
<b>DOB:</b>
<b>Phone Number:</b>
<b>Address:</b>
<b>Who does child reside with (parents, guardian, friend, etc):</b>
<b>Please complete the following section by marking response reported by the YOUTH, as this information is required for Safe Harbour reporting purposes. Check all that apply.</b>
<b>Reported Gender Identity:</b> female <input type="checkbox"/> male <input type="checkbox"/> trans- female <input type="checkbox"/> trans -male <input type="checkbox"/> GNC/non-binary <input type="checkbox"/>
<b>Reported Sexual Orientation:</b> straight <input type="checkbox"/> gay <input type="checkbox"/> bisexual <input type="checkbox"/> asexual <input type="checkbox"/> queer <input type="checkbox"/> questioning <input type="checkbox"/>
<b>Reported Race:</b> White <input type="checkbox"/> Black/African- American <input type="checkbox"/> Asian <input type="checkbox"/> Native -American/ Alaskan Native <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Multi-Racial <input type="checkbox"/>
<b>Reported Ethnicity:</b> Hispanic/Latino <input type="checkbox"/> Non- Hispanic/Latino <input type="checkbox"/>
Youth’s Background/Risk Factors
<b>Reason for referral:</b>
<b>Has the youth had any PINS/JD/Police involvement? If yes, please explain:</b>

Does the youth's family have a history of CPS involvement and/or has the youth ever been placed out of the home? If yes, please explain:

Services Requested:

**Indicators (check all that apply)**

- Engaging in commercial sex (sex acts in exchange for anything of value, even basic needs)
- Engaging in sexualized contact via the internet
- Runs away from home frequently and/or for significant periods of time
- Disconnection from social supports
- Poor familial boundaries
- Over-sexualized behavior
- Homeless/unstable housing
- Multiple sexually transmitted infections, pregnancies or abortions
- Signs of sexual, physical or mental abuse, depression or suicidal tendencies
- Tattoos expressing ownership such as names, dollar signs, symbols, acronyms, other branding
- Malnourishment or poor personal hygiene
- Untreated injuries
- Indications or reports of domestic violence
- Describes a stalking situation
- Has a significantly older partner or is always accompanied by a controlling person
- Uses slang such as calling partner "Daddy" or "Mommy", refers to "The Life", "The Game"
- Youth's story has inconsistencies that don't add up
- Unaccounted for money or goods including cell phones, clothes, drugs, housing
- Scared of consequences to a degree greater than the situation warrants
- Fearfulness, anxiety, trauma symptoms
- Poor self-image/eating disorder/self-harm
- Experimenting with drugs or alcohol
- 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:

**\*\*If you are from an agency that utilizes the NYS OCFS Rapid and Comprehensive Screening Tools, attach copies to this referral.**