

Madison County Safe Harbour Program

Aubrey Kirley, School & Youth Development Program Coordinator

Madison County DSS

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Youth's Information	
Name:	DOB:
School:	Grade:
Phone Number:	
Address:	
Who does child reside with (parents, guardian, friend, etc):	
The following information is required for state reporting purposes, please complete by marking response reported by the YOUTH. Check all that apply.	
Reported Gender Identity: female <input type="checkbox"/> male <input type="checkbox"/> trans- female <input type="checkbox"/> trans -male <input type="checkbox"/> GNC/non-binary <input type="checkbox"/>	
Reported Sexual Orientation: straight <input type="checkbox"/> gay <input type="checkbox"/> bisexual <input type="checkbox"/> asexual <input type="checkbox"/> queer <input type="checkbox"/> questioning <input type="checkbox"/>	
Reported Race: 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"/>	
Reported Ethnicity: Hispanic/Latino <input type="checkbox"/> Non- Hispanic/Latino <input type="checkbox"/>	
Reason for referral:	
Please explain any PINS, JD, Police and/or CPS involvement:	
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", refers to "The Life", "The Game"	

<input type="checkbox"/> Youth's story has inconsistencies that don't add up <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:

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