



HUCKLEBERRY ADVOCACY AND RESPONSE TEAM (HART) AND SF SOL REFERRAL

Contact: 415-264-7620

hartreferrals@huckleberryyouth.org

Referral Source Information:

Referring Person's Name: _____
 Agency: _____
 Referring Person's Phone: _____ E-mail: _____

Youth Information:

Name: _____ DOB: _____ Ethnicity: _____
 Gender: _____ Pronouns: _____ Language: _____
 Address _____ Medi-cal-Y/N _____
 : _____ Medi-cal _____
 Street, City, State, Zip _____ Number: _____

Contact Numbers: _____

Reason for Referral:

Disclosed current or previous exploitation and/or engaging in commercial sexual activity
 Potential exploitation and/or engaging in commercial sexual activity
 What leads you to believe this youth is experiencing commercial sexual exploitation or is at risk?

 Does the youth know about the referral and CSEC concerns? Yes No

Youth Current Living Situation:

Probation placement Child Welfare placement Family AWOL Homeless (shelter or couch surfing) Unstable living situation

Caregiver Information:

Name: _____ Type of caregiver: _____
 Address _____ Contact #: _____
 Street, City, State, Zip _____
 Does caregiver know about the referral? Y N Does caregiver need support? Y N *If yes, HART will contribute to linking caregiver to resources.*
 CPS Worker Contact Info: _____ Probation Contact Info: _____

What needs does the youth have?

School Support Basic Needs Safety Planning Education around CSEC Job Training/Employment Medical/Sexual Health
 Housing Pro-social activities Mental Health Support with CW system Support with Probation system Positive adult relationships

Is this referral for SF SOL (is the youth in the foster care system and in need of long term placement)? Y N

What specific services are you looking for that would benefit the youth?
