



HUCKLEBERRY ADVOCACY AND RESPONSE TEAM (HART) Referral Form

Phone: 415-264-7620

Email: hartreferrals@huckleberryyouth.org

**Referral Source Information:**

Referring person's name: \_\_\_\_\_  
 Agency: \_\_\_\_\_  
 Phone Number(s): \_\_\_\_\_  
 Email: \_\_\_\_\_

**Youth's Information:**

Youth's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Ethnicity: \_\_\_\_\_  
 Language Needs: \_\_\_\_\_ Gender: \_\_\_\_\_ Pronouns: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Medi-cal: Y/N Medi-cal #: \_\_\_\_\_

**Youth's Current Living Situation:**

Child Welfare Placement  Missing from Placement  Probation Placement  Family  Homeless  Unstable Living Situation

**Reason for Referral:**

Disclosed current or previous exploitation and/or engaging in commercial sexual activity  
 Potential exploitation and/or engaging in commercial sexual activity

Does the youth know about the referral and concerns? Y/N

\*Youth must consent to services before HART can reach out. Call 415 - 264 - 7620 for support on presenting services to youth.

**Services Being Requested:**

Case Management  1 on 1 Prevention Session  The Cool Aunt Series (CSEC Prevention Group)

**Youth's Needs:**

School Support  Basic Needs  Safety Planning  CSEC Education  Employment Support  
 Medical/Sexual Health  Mental Health  Housing Support  Pro-social Activities  
 Support with Probation System  Support with CW System

**Caregiver's Information:**

Caregiver's Name: \_\_\_\_\_ Type: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 Does the caregiver know about the referral? Y/N Does the caregiver need support? Y/N (If yes, HART will contribute to linking caregiver to resources)  
 CPS Workers Phone Number: \_\_\_\_\_  
 Probation Officer's Phone Number: \_\_\_\_\_

**Additional Notes:**

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