



HUCKLEBERRY ADVOCACY AND RESPONSE TEAM (HART) Referral Form

Phone: 415-264-7620 Email:hartreferrals@huckleberryyouth.org

Referral Source Information:		
Referring person's name:	Date of Referral:	
Agency:		
Phone Number(s):		
Liliali.		
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:	Doos the caregiver	need support? Y/N (If yes, HART will
CPS Workers Phone Number:	Does the caregiver	contribute to linking
Probation Officer's Phone Number:	caregiver to resources	
Additional Notes:		3