



GRACEHAVEN
CENTRAL OHIO YOUTH FOR CHRIST

Clinical Services & Case Management Referral Form
Submit to ccm@gracehavenohio.org in an encrypted form

Date of Referral:		
To: Gracehaven	Phone: (614) 665-0665	Email: ccm@gracehavenohio.org

Referral Source:	
Agency:	
Office Phone:	Mobile Phone:
Fax:	Email:

Demographic Information:

Client Name:		
Client DOB:	Race:	Gender:
Social Security Number:		
Insurance Type & Member ID:		
<i>Please note: Inability to provide SSN and Medical Insurance information will likely impact wait time and/or availability of services.</i>		
Client's Legal Guardian:		Guardian Phone Number:
Client Current Address:		
Type of Placement: <i>(in home, foster home, group home, juvenile detention, residential facility):</i>		
Client Contact Number (please specify youth/guardian/placement):		
Contact Person at the Facility & Contact Information (if applicable):		

Reason for Referral (Provide a brief history of client and extent of trafficking/abuse history):

*** Please note: Client insurance information and any previous mental health and behavioral assessments completed within the past 12 months are now requested alongside referral form. Please include via email to ccm@gracehaven.me.*

Immediate Trafficking Concerns (if available utilize [Human Trafficking Risk Screener](#) to assess risk and attach to referral):

Initial Safety Screener:

Are there any safety concerns that Gracehaven needs to be aware of when working with this individual and/or family?

Are there any individuals and/or locations Gracehaven should avoid due to safety concerns/implications?

Are the parents/relatives/family system suspected of being involved in the trafficking of this individual?

Child Welfare Involvement:

Name of Agency & County:

Caseworker, Department, & Contact Information:

Caseworker Supervisor & Contact information:

Level of Custody:

History with Department of Child and Family Services:

Juvenile Justice/Legal System Involvement:

Probation Officer or Court Case Worker & Contact Information:

Attorney & Contact Information:

GAL & Contact Information:
Safe Harbor Docket:
History with the Juvenile Justice System:

Behavioral Health System(s) Involvement:

Behavioral Health and/or Substance Use Services:
List all Providers & Contact Information:
Behavioral Health and/or Substance Use History (including diagnoses if known):
Medications:

Other Organizations and/or Services:

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Education Status:

Education Status & School Contact Information:
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Immigration Status (if applicable):

Is the individual in immigration proceedings? Has a Change of Venue/Change of Address been filed? Next immigration hearing date? Has Continued Presence been requested by a Federal law enforcement official? Is there a law enforcement point of contact for any open investigation/prosecution regarding the trafficking of this child?
