



Case Management Referral Form  
Submit to [ccm@gracehaven.me](mailto:ccm@gracehaven.me)

<b>Date:</b>
<b>TO: Gracehaven</b>

<b>FROM:</b>
<b>Agency:</b>
<b>Phone:</b>
<b>Fax:</b>
<b>Email:</b>
<b>Address:</b>

<b>Client Name:</b>
<b>Client DOB:</b>
<b>Client Race:</b>
<b>Custodial County:</b>
<b>Client Current Address:</b>
<b>Client Contact Number:</b>

<b>Child Welfare Agency Involvement</b>
<b>Name of Agency:</b>
<b>Caseworker:</b>
<b>Contact Information:</b>
<b>Services Provided:</b>
<b>Name of Agency:</b>
<b>Caseworker:</b>
<b>Contact Information:</b>

**Services Provided:**

**Attorney of Record if applicable:**

**Attorney Contact Info:**

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

**Previous Legal Services/Criminal Background:**

**Immediate Trafficking Concerns (assess current risk):**

**Safety Precautions and Planning:**

**Are there individuals the program should NOT CONTACT due to safety concerns?**

**Are there locations to avoid due to safety concerns?**

**Are there parent/relatives/persons, in the U.S. or another country, who are suspected of being involved in the trafficking of this individual?**

**Language:**

**Education:**

**Relevant Mental Health:**

**Relevant Medical:**

**Immigration Status/Legal Info:**

**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?**

**Individual Strengths and Protective Factors:**

**Recommendations:**

