



GRACEHAVEN

CENTRAL OHIO YOUTH FOR CHRIST

Comprehensive Case Management Referral Form
Submit to CCM@Gracehaven.me in an encrypted form

Date of Referral:		
To: Gracehaven	Phone: (614) 665-0665	Email: CCM@Gracehaven.me

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

Demographic Information:

Client Name:		
Client DOB:	Race:	Gender:
Client's Legal Guardian:	Guardian Phone Number:	
Client Current Address:		
Client Contact Number (please specify youth/guardian):		

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):

Other Organizations and/or Services:

Education Status:

Education Status & School Contact Information:

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?