



The Phoenix Project Referral Form

Instructions

1. Complete referral form. Please fill out Part 1 in its entirety; fill in any additional, known information in Part 2. Attach additional documents or pages as needed.
2. Email the completed referral form, along with any questions to phoenix.project@nyfoundling.org
3. Staff will notify you if referral is accepted or not and will inform you of next steps.

PART 1: Required

Date of Referral:
REFERRAL SOURCE INFORMATION
Referral Source Name: Referral Source Phone & Email: Referral Source Agency: <i>(If NY Foundling Internal referral, answer below):</i> Program: Primary IP: Start Date: Anticipated End Date:
CLIENT INFO
Client Name (First & Last): Client Contact Info (Phone Number & Email): Any special instructions/preference for contact: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <i>If yes, please explain:</i> Date of Birth/Age: Primary Language:
GUARDIAN INFO (18 & under)
Legal Guardian Name: Relation to client: Guardian Contact Info (Phone, Email): Primary Language:
REASON FOR REFERRAL
Why do you think this youth would be appropriate for The Phoenix Project?
SAFETY
Are there any immediate needs/safety concerns (suicidal ideation, homelessness, etc): <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <i>If yes, please describe:</i>
YOUTH RESPONSE TO REFERRAL
Does youth know about referral? <input type="checkbox"/> Yes <input type="checkbox"/> No Youth Response to Referral:

PART 2: Optional

Additional Youth Information

Has the youth been sexually exploited? Yes No Unknown

If so, what form(s) of sexual exploitation? Select all that apply:

Sexual act in return for fee, other items, or survival needs Stripping Escort Service Child abuse involving images Arrested for "prostitution offense" Other:

Does the youth have history of any of the following?

Running away from home Sexually transmitted infections or abortions Substance abuse

Is the youth involved with an older partner? Yes No Unknown

Has the youth experienced intimate partner violence (physical, sexual, or emotional)? Yes No Unknown

What are the youth's living arrangements?

Family Member Alone Friends Trafficker/Pimp Facility:

Address:

Health Insurance Information (not necessary for referral)

Does the youth have health insurance? Yes No Unknown

Insurance Provider:

Insurance ID Number:

Emergency Contact Information

Name:

Relation to client:

Contact Info (Phone, Email):

Primary Language: