

# Girls Educational & Mentoring Services Services Referral Form

## Instructions

Please DO NOT make this referral if client is unaware of referral and if she is unaware of the specific services that GEMS provides.

In order to complete the Services Referral, please follow these steps:

1. Complete entire referral form in print or type. Attach additional paper if needed.
2. Email the completed referral to [intake@gems-girls.org](mailto:intake@gems-girls.org)

You will be notified if referral is accepted or not. Staff will contact you regarding next steps and/or initial appointments.

\* Notes required information

**SECTION 1 of 6: REFERRING WORKER INFORMATION**

Phone Number:\* \_\_\_\_\_ Referral Date:\* \_\_\_\_\_

Name:\* \_\_\_\_\_

Email Address:\* \_\_\_\_\_

Referring Agency:\* \_\_\_\_\_

**SECTION 2 of 6: CLIENT INFORMATION**

Name:\* \_\_\_\_\_

Date of Birth:\* \_\_\_\_\_

**SECTION 3 of 6: CLIENT INFORMATION**

*All fields are optional*

Phone Number: \_\_\_\_\_ Alt. Phone Number: \_\_\_\_\_

Facebook Messenger Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Living Arrangements:

What are the client's living arrangements?

Pimp       Family Member       Alone       Friends

Facility: \_\_\_\_\_

Other: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

ZIP/Postal Code: \_\_\_\_\_ Country:\* \_\_\_\_\_

## SECTION 4 of 6: CLIENT EMERGENCY CONTACT INFORMATION

*All fields are optional*

Name: \_\_\_\_\_

Relationship to Client: \_\_\_\_\_

Phone Number: \_\_\_\_\_

## SECTION 5 of 6: ADDITIONAL CLIENT INFORMATION

*All fields are optional*

Does the client have children?  Yes  No

Has the client been sexually exploited?  Yes  No

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

- Prostitution       Stripping       Escort Service  
 Phone Sex       Trading       Sex for Money, Drugs, Gifts, or Survival Needs

Has the client been involved in any type of abusive relationship?  Yes  No

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

- Physical Abuse       Sexual Abuse       Emotional Abuse  
 Verbal Abuse       Rape       Molestation

Please describe any additional relevant information (i.e. if there are any safety plans in place, restrictions on contacting client, etc.):

## SECTION 6 of 6: GEMS QUESTIONS

*All fields are optional*

Are you trying to arrange for the client to be mandated to GEMS?  Yes  No

Why do you think this young woman would be appropriate for GEMS?

*Please describe a brief history and presenting problems.*

**SECTION 6 of 6: GEMS QUESTIONS**

Continued