

Youth Services Referral

Referring Agency: _____ Referring Service Provider: _____
Phone Number: _____ Email: _____ Date: _____

Youth's Information:

Name: _____ Contact Number: _____ Safe to leave VM? Y/N

DOB: _____ Current City: _____ Preferred Language: _____

Gender Identity: _____ Currently Pregnant? _____

Has youth experienced human trafficking (current or past): _____

Sex/Labor or both: _____ Is the youth currently homeless? Y/N

Are reasonable accommodations required for youth to receive services? Y/N

If so, please describe: _____

Any additional information you'd like to share with Ruby's Place Staff: _____

Please send complete referral form to youthservices@rubysplace.org