

**G.R.A.C.E. Program Referral Form For youth ages 12-24**

Windom Office 1043 4th Ave – Ste 1

Jackson Office MnWest Campus 401 West Street, Door 27

Worthington Office 320 South Lake St

Pipestone Office 119 2nd Ave SW, Ste 5

Luverne Office 114 W Main St, Ste 200

**Fax to 507-372-4311 Email to** [youth@mnswcc.org](mailto:youth@mnswcc.org) **Call 1-800-376-4311 Youth text line 1-218-666-8336**

**REFERRAL DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**YOUTH INFORMATION:**

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

Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthdate and Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Information (Phone, Email): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Contact Information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian has given permission: YES or NO

Is attendance verification needed? YES or NO Is this court ordered? YES or NO

**REFERRING AGENCY INFORMATION:**

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

Contact Information (Phone, Email): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Would you like us to check in with you before meeting youth? YES or NO

Comments about referral: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Primary goals to be addressed by G.R.A.C.E. Program Advocate:**

*As it relates to any of the following categories: Relationship Violence Awareness, Sexual Violence Awareness, and/or Family Violence or Abuse*

**INFORMATION & INCREASE KNOWLEDGE**

* Increase knowledge of interpersonal violence
* Increase knowledge about qualities of healthy relationships
* Increase knowledge of harassment and its effects
* Provide information about survivor’s legal rights and resources
* Provide Information about other community programs and referral options

**PERSONAL ADVOCACY**

* Assistance writing an Order for Protection or Harassment Restraining Order
* Assistance writing a Victim Impact Statement or working with County Attorney
* Advocate to attend court hearings for support
* Support with medical exam, law enforcement interview, or legal meetings and procedures

**EMOTIONAL SUPPORT AND SAFETY SERVICES**

* Provide tools to reduce self-blame and identify anxieties about situation
* Create a plan to increase safety
* Safe place to talk and share their story
* Create healthy ways to process their reactions, thoughts and emotional expression and being aware of self-care options & health
* Increase support system, including one-on-one support
* Support groups and events
* Provide opportunity to meet other youth with similar experiences
* Connecting with the Safe Harbor Regional Navigator for services related to sex trafficking and exploitation
* Life skills class (for ages 17-14)
* Choices 101

Dear Parents/Guardians,

Your child is being offered the opportunity to participate in youth programming though the Southwest Crisis Center. Some of the services may include personal advocacy, one on one education services, group therapy and services as well as access to resources/referrals and transportation. Topics covered within the programming may include healthy relationships, setting boundaries, self-esteem, empowerment, goal setting, safety with technology and relevant resources on health and safety.

Youth advocates at the Southwest Crisis Center successfully complete direct and specific training which includes the MN standard of 40 hours of sexual assault advocacy training, as well as continuing education on domestic violence, sexual exploitation of youth, crime victims’ rights and services and many other topics.

Meetings with an advocate may be scheduled during school and held within the school building. Arrangements will be made with primary consideration being given to school obligations and class attendance and in most cases in coordination with school staff.

Please realize that SWCC staff are not therapists, but rather function as advocates to provide educational and supportive services to your child. Each staff member is a mandated reporter. The specific content of sessions between my child and their advocate will remain confidential when not mandated to report.

If you have any questions, please contact Juli Fast, Youth Program Manager at 507-376-4311 or email at Juli@mnswcc.org.

Please fill out and return the information below, giving approval for your child to participate in the youth programming offered through the Southwest Crisis Center.

Sincerely,

SWCC Youth Staff

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, give my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ permission to participate in youth programming at the SWCC.

I give permission for the Southwest Crisis Center to use the participant’s quote/ photograph/ image for purposes of video, newsletter, displays, bulletin boards, and other types of educational/ promotional publications to be used or distributed to promote the services provided by the Southwest Crisis Center and their youth outreach programming except as specified: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

These photos may be shared on our Facebook pages. If you’d like a digital copy, or to sign up for more updates with our programs, please include your email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name Phone