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**G.R.A.C.E. Program Referral Form**

**Youth ages 12-24**

Windom Office 1043 4th Ave – Ste 1

Worthington Office 320 South Lake St

Pipestone Office 119 2nd Ave SW, Ste 5

Luverne Office 114 W Main St, Ste 200

Jackson Office MnWest Campus 401 West Street, Door 27

**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