

# Represent!

# Referral Form

phone: 414-212-5121 | email: [claudine@representmke.org](mailto:claudine@representmke.org) | website: [representmke.org](http://representmke.org)

## Youth Contact Information:

First and Last Name:	Primary Language:
Date of Birth/Age:	Which gender pronoun to use? (circle one/add if needed): she      he      _____
Current Address (if available):	Youth cell phone (if available):
Currently living with:	Okay to leave messages?
In secure detention, CAIS, shelter, stabilization center?	If in short term location, for how long?

## Parent/Guardian Information (if available):

First and Last Name:	Primary Language:
Current Address	Phone Number (cell/home/work):
If Shelter/Group Home, which one?:	Okay to leave messages on phone?

## Referral source:

Name:	Agency (if any):
Relationship to youth:	Phone number for follow-up:

Why do you think Represent would be a good match for the youth?

How open is the youth about their experiences with the sex trades?

Date of referral: \_\_\_\_\_

Fill out, scan and send to [claudine@representmke.org](mailto:claudine@representmke.org) or fill out our secure referral form online [www.representmke.org](http://www.representmke.org)