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

* Notes required information
Girls Educational & Mentoring Services: Services Referral Form

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:* __________________________

2
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