



### Moving Beyond Program Referral

**About Moving Beyond:** Moving Beyond works with females between the ages of 16 to 24 who are at risk of, involved in, transitioning/transitioned from or contemplating a return to sexual exploitation and in need of or seeking support. Moving Beyond is a client led program that is accessed voluntarily. Moving Beyond will accept any manner of contact including referral, outreach or self-sought. Individuals interested in the program are welcome to engage at any or all level(s) of service at any time be it group events, peer support or case management. There is no requirement to be in treatment, programming or to have status with Children’s Services.

**Using this form:** please complete to the best of your knowledge and include as much information as possible in “reason for referral”. When completed, please e-mail as an attachment to the program inbox, [movingbeyond@bgcc.ab.ca](mailto:movingbeyond@bgcc.ab.ca).

This information is protected under the provisions of Section 33 (c) of the Alberta Freedom of Information and Protection of Privacy Act and will be protected under Part 2 of that Act and of the Personal Information Protection Act, SA 2003 c. p-6.5. You may contact our Privacy/FOIPP Officer at 403-276-9981 for information about the collection, use, retention and disclosure of personal information. You have the right to access your personal information on file with us.

Referral Source			
Date of referral:		Name of referrer:	
Organization/Program making the referral		Referrer Email: Referrer Phone No:	

### REASON FOR REFERRAL

As the referrer, please make an assessment of the current level of risk for or involvement in sexual exploitation:

Youth is considered at risk of sexual exploitation: Yes No

Please list presenting factors indicating a risk of sexual exploitation.

Youth is currently being sexually exploited: Yes No

Please list factors supporting this assessment and length of time youth has been involved in exploitation.

Youth is currently trying to transition away from sexual exploitation: Yes No

Please list indicators that youth is transitioning self away from sexual exploitation (can see the risks, is asking for support with this, is reconnecting with family/culture, decreased AWOLs/drug/alcohol use, etc.).

Is there any past or current concern that youth is or has been involved in recruitment?

Yes No

If Yes, please explain details of concern (s):



**Client Information:**

Full legal name:			
Preferred name/nickname:		Pronoun used:	
Date of birth:			
Best way to contact youth (phone, email, social media)		Contact info (phone number, email)	
CS Involvement?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, indicate status	<input type="checkbox"/> PSECA <input type="checkbox"/> Other
Current housing status? (if varied, check all that apply within the past 30 days)	<input type="checkbox"/> Living with parent/guardian/relative <input type="checkbox"/> Couch-surfing <input type="checkbox"/> Homeless (sleeping rough) <input type="checkbox"/> Homeless shelter <input type="checkbox"/> Other: _____		
Substance use or addictions issues? (include details re: use, type, frequency)			
Physical health and or mental health challenges?			
Challenges meeting basic needs? (access to food, clothing, shower)			
Criminal Justice Involvement? (include details re: charged, on probation)			
Has youth been in PchAD, Refelctions, youth mental health unit or other secure programming in the past 24 months?			

**Professional Supports:**

Additional program or agency where the youth is receiving supports?	
Type of supports, duration of services	
Individual to contact – Name:	
Email or phone:	

**Follow-Up** – Completed by Moving Beyond Staff

Staff Name:	
Date Sent/Received	
Date of First Contact	