



Office: (510) 430-1298 | **Website:** www.bawar.org | **Location:** 470 27th Street, Oakland, CA 94612

SEM Program Referral Form

Name: _____

DOB: _____ Alias(es): _____

Phone Number: _____

Address Of Client: _____

Guardian Name: _____

Guardian Phone Number: _____

Please Mark One

Has person been referred before?
 YES NO

How many times? _____

Please Circle All That Apply
Current Legal Status

Foster Care (300 status)

Juvenile Justice (602 status)

Current Location:

Referral Source:

- | | |
|---|--|
| <input type="checkbox"/> Police Department: _____
<input type="checkbox"/> Alameda County Probation
<input type="checkbox"/> Alameda County Assessment Center
<input type="checkbox"/> Alameda County Juvenile Court
<input type="checkbox"/> Alameda County District Attorney's Office
<input type="checkbox"/> Alameda County Public Defender's Office | <input type="checkbox"/> Social Services
<input type="checkbox"/> Children's Hospital
<input type="checkbox"/> Parent / Guardian
<input type="checkbox"/> BAWAR Office/Hotline
<input type="checkbox"/> School (please specify): _____
<input type="checkbox"/> Other (please specify): _____ |
|---|--|

Referral Person Name: _____

Relation to Client: _____

Contact Information: _____

Other contact (email): _____

Date of Referral: _____ Does the client know this referral has been made? YES NO

Circle all that apply:

Currently CSEC
 History of CSEC
 At-Risk for CSEC
 Sexually Assaulted
 Truant

Information/Comments: _____

Email completed referral to sem@bawar.org

For Office Use Only:			
Date received _____	Recipient initials _____	Contact date _____	Contact initials _____
Time received _____		Contact place _____	Assigned Advocate _____