

WILLOWBEND FARMS
restoring human trafficking survivors

Juvenile Survivor Services Referral Form
www.willowbendfarms.org

Referring Agency: _____ Date: _____

County of Service: _____ Allegation/Crime: _____

Referent name: _____

Phone: _____

Email: _____

Name of Child(ren): _____

Age of Child(ren): _____

Child(ren) in State Custody? YES or NO

Case Manager Name/Phone: _____

Foster Parent/Guardian: _____

Phone: _____

Brief explanation of current services in place: _____

Is there a History of suicidal ideations or self-harm? YES or NO

If yes explain: _____

Is Law Enforcement involved? YES or NO

If yes, Agency, Name and Contact information:

Email to Kelli Germain, Director of Survivor Services

E: kgermain@willowbendfarms.org

Ph: 423-708-5289