



Cuyahoga County
Together We Thrive
Division of Children and Family Services



AFFIRM.ME. Safe Identification Referral Form

Today's Date: ____/____/____

YOUTH INFORMATION

Youth's Legal Name: _____ SACWIS Person #: _____

Youth's Preferred Name: _____ DOB: ____/____/____ Race: _____

Youth's Current Address: _____

Best Phone Number: _____ Home Cell Other

Please describe the **SOGIE** (sexual orientation, gender identity/expression) identifier(s) that the youth is presenting: _____

Name, phone, and email of Children Services worker and supervisor: _____

Currently in agency custody? Yes No How Long? _____ GAL/CASA Name: _____

Custody Status: _____ Placement Setting Type: _____

Is Caregiver aware of the youth's **SOGIE**?: Yes No Is Caregiver affirming?: Yes No

Name/Contact info. for Caregiver: _____

Behavioral info - youth exhibited concerning behaviors (self-harm, suicidality, aggression, etc.): _____

Mental Health history, Developmental Delays or Diagnosis: _____

Juvenile Justice History: Yes No Describe if yes: _____

Name & phone # of Probation Officer (if applicable): _____

Is it okay for us to contact the youth directly? Yes No

**** Please E-mail referrals to kori.sewell@jfs.ohio.gov

For Office Use Only:

Date Received: _____

Unique Identifier: _____

Date Sent (if applicable): _____