

**SAFETY NET: Case Summary Face Sheet**

- 1. Date Referred to Safety Net Meeting:
  - 2. Safety Net ID:
  - 3. Referring Agency (RA):
  - 4. RA Contact Information:
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**A. Demographic Information**

**Client Information**

- 1. Name:
- 2. DOB/Age:
- 3. Race/Ethnicity:
- 4. City/County of Residence:
- 5. Contact Information:

**Parent/Guardian Information**

- 1. Mother's Name:  
Contact Information:
  - 2. Father's Name:  
Contact Information:
  - 3. Guardian's Name:  
Contact Information:
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**B. Risk Factors (Y/N)**

- 1. CSEC/Arrest History:
  - 2. At-Risk for CSEC:
  - 3. Mental/Physical/Behavioral Health Issues:
  - 4. Developmentally Delayed:
  - 5. 5150d (How Many X's?):
  - 6. Substance Abuse:
  - 7. Pregnant/Parenting:
  - 8. Gang Affiliation:
  - 9. Recruiter:
  - 10. Tattoos:
  - 11. LGBTQ:
  - 12. Truancy:
  - 13. Runaway history:
  - 14. Critical Reach (Date of CR):
  - 15. Family Member Deceased (Who/When?):
  - 16. Family Criminal Hx:
  - 17. Family CSEC Hx:
  - 18. Family Substance Abuse Hx:
  - 19. Family M/P/B Hx:
  - 20. Family Member Deceased:
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**C. Victimization History**

- 1. Prior Victimization History (Y/N):
  - 2. Summary of Prior Victimization History:
  - 3. CALICO (Forensic Interview Center) Interview (Y/N):
  - 4. Summary of CALICO Interview (Dates, why interview occurred):
  - 5. Victim of Crime Claim (VOCC) Application (Y/N):
  - 6. Summary of VOCC Application (Date Submitted, Status of Claim, Claim Form #):
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**D. Law Enforcement Involvement**

**Current Arrest**

1. Current Charges:
2. Police Report #:
3. Law Enforcement Agency & Date of Arrest:
4. Summary of Arrest:

**Prior Arrest History**

5. Summary of Prior Arrest, Charge(s), Police Report #:
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**E. System Involvement (Y/N):**

1. Case#:
  2. 300 (Dependency):
  3. 300Hx
  4. 602 (Delinquency):
  5. 602 Hx:
  6. 300/725a:
  7. 300/725a Hx:
  8. 726:
  9. 726 Hx:
  10. 450 Non-Minor Dependent:
  11. 450 NMD Hx:
  12. 241.1 (Cross-over):
  13. Adult System:
  14. No System Involvement:
  15. GPS:
  16. Home Supervision:
  17. Family/Home:
  18. Family Preservation Unit:
  19. Foster Care:
  20. Group Home:
  21. Out of State Placement:
  22. Other:
  23. Placement Hx (including current placement status, hx and dates in chronological order; 3C order, 4C order, etc):
  24. Probation Officer Contact Information (Name, Phone, Email):
  25. Social Worker Contact Information (Name, Phone, Email):
  26. Defense Attorney Contact Information (Name, Phone, Email):
  27. Other (Name, Phone, Email):
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**F. Services (Y/N)**

1. BAWAR:
  2. MISSEY:
  3. WCC:
  4. Project Permanence:
  5. Guidance Clinic (BHCS):
  6. YWEP:
  7. Girl's Court:
  8. Collaborative Court:
  9. Project Permanence:
  10. Bay Area Legal Aid:
  11. East Bay Children's Law Office:
  12. Independent Living Skills Program:
  13. GED:
  14. IEP:
  15. AB12:
  16. School:
  17. Other:
  18. Therapist (Agency/Name/Contact Information):
  19. Service Provider/Other (Agency/Name/Contact Information):
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**G. HEAT Investigation**

1. Current HEAT Investigation/Case (Y/N):
  2. Docket #, DA, Defendant Name/Info, Status of case:
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**H. Safety Plan**

1. Identified Safety Plan (what is the identified plan for keeping youth safe –include date and summary of plan):
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**I. Safety Status**

2. Safety Status (provide information on the most recent update of the minor’s safety status – include date and location/placement status):

- *Date: Summary Status*

3. Previous Safety Status Summaries:

- *Date: Summary Status*
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**J. Follow Up**

- *Agency*
  - *Date: Follow Up*