



Client Referral Form

We are here to help you find residential services for recovery from trafficking or sexual exploitation. This form collects some basic information on your needs and preferences to better help us do that. This form must be filled out completely before submission.

ALL INDIVIDUAL INFORMATION WILL BE KEPT CONFIDENTIAL

We are not an emergency service, so if this is an emergency, please contact 911 or the Human Trafficking Hot-line at 1(888)373-7888

This form can be filled out by yourself or by an advocate representing the individual needing services. Please answer all questions to the best of your ability and indicate "Not Applicable" (N/A) or provide an alternative answer if necessary.

Date: *(Required)* _____

****DO NOT put identifying information on this application. Please identify the person for whom this referral is being made with the person's 3 initials and age, for example: AGW21**

First Initial Middle Initial Last Initial

Age: *(Required)* _____

Who is submitting this referral? *(Required)* _____

How did you hear about us? _____

When do you need placement? *(Required)* _____

Are you a US citizen? *(Required)* YES NO

Current Facility/Agency/Organization Name: _____

Location City/State: *(Required)* _____

Email: _____

Phone: _____

EXPLOITATION INFORMATION

What type of exploitation are you seeking recovery from? (Required)

- Sex Trafficking Labor Trafficking Prostitution
 Survival Sex
 Other forms of commercial sex

Please select all that apply.

How was the trafficking activity verified? (Required)

- Individual is a minor; Verification not required
 Trafficking was verified by Law Enforcement or Court Official Individual Disclosure
 Candidate met screening criteria for trafficking Cannot confirm trafficking

How long ago was your last experience with trafficking or exploitation? (Required)

Please indicate the last time you were exploited (not the first occurrence).

Have you previously (or currently) been in a trafficking shelter program? (Required) _____YES _____NO

Please select all that apply:

- I am actively escaping an abuser
 I currently have outstanding warrants or legal obligations
 I am currently involved in an open or pending investigation(s) or case(s) I will be on parole or probation
 I am part of a diversion program with court requirements I am currently registered as a sex offender

Are you currently incarcerated? (Required) _____YES _____NO

HEALTH:

I need services that accept the following: (Required)

- Immediate health concerns Physical disabilities
 Reported suicide ideation Reported self-injuring
 Diagnosed with a psychiatric/cognitive disorder
 Currently taking prescribed medication for mental illness
 Experience episodes of psychosis
 Used illegal substances in the last 7 days Used illegal substances in the last 30 days Use marijuana
 Currently taking prescribed medication for opioid treatment None of the above

Have you ever been in rehab for drug or alcohol abuse recovery? (Required)

Are you in need of addiction recovery services? (Required) _____YES _____NO

COMMENTS:

Is there anything else we should know?
