



REFERRAL FORM FOR SERVICES



Please send to Survive and Thrive Advocacy Center at stac@surviveandthriveadvocacy.org

Date of Referral _____

Referral Made By (name, agency, email address and telephone number):

Client Name _____ OVC TIMS # (if applicable) _____

DOB/Age _____ Gender _____

Country of Citizenship _____ Ethnicity _____

Current Immigrations Status _____

Primary Language _____ English Proficiency Basic Intermediate Advanced

Interpreter Required? Yes No

Safe Telephone No. _____ Safe to Leave Message? Yes No

Marital Status Single Partner Married Divorced Widowed

Children Yes No If so, gender and ages? _____

Reason for Referral Limits to freedom of movement/choices Issue of access to documents
 Indication of abuse or threats of abuse Other _____

Describe Trafficking Situation

Location of Trafficking Situation _____

Reported to Law Enforcement? Yes No

If Yes, Agency Name _____ Approximate Date Reported _____

If No, Would Client Be Willing To Report to Law Enforcement, if Request is Made Yes No

Reason for Not Reporting _____

Current Threats/ Fears _____

Current Address/ Living Situation _____

Immediate Needs _____

Has the individual applied for Victim's Compensation Relocation Assistance? Yes No

This individual is believed to be a victim of: Sex trafficking Labor trafficking Both