



## REFERRAL FORM FOR SERVICES

\*Please send to Survive and Thrive Advocacy Center at [stac@surviveandthriveadvocacy.org](mailto: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