



One form per client. Fields marked with an asterisk (*) are required. When making a referral to Catholic Charities, Pathways to Freedom, Human Trafficking Program, be sure to complete as many fields as possible, and return via email to MNikolatos@cctrenton.org and cc: HumanTrafficking@cctrenton.org.

CLIENT ID#: _____

Referral Date:
(DD/MM/YYYY)

Referring Agency/Individual:

Client Name:
Last, First

SS#: - -
If U.S. Citizen/ LPR

D.O.B: - -
(DD/MM/YYYY)

Pre-Certified Adult/ Pre- Eligible Minor **Certified Adult/ Eligible Minor**

*CONTACT INFORMATION	
* CLIENT CONTACT INFORMATION	Applicant's Phone # Is this a cell phone? <input type="checkbox"/> Yes <input type="checkbox"/> No Can client receive texts? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Alternate phone #
	Address (including apt #, room #)
	County
	Mailing address, if different
	County
E-Mail address	

* SAFE CONTACT PERSONS IN THE US FOR INTERNAL USE	Name:	Relationship to Client:	CONTACT #:
	Name:	Relationship to Client:	CONTACT #:
* HOME COUNTRY CONTACT FOR INTERNAL USE ONLY - NOT TO BE SHARED	HOME COUNTRY CONTACT:	IS THIS PERSON SAFE TO CONTACT? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Name: ADDRESS:	Relationship to Client:	CONTACT #:

DEMOGRAPHICS	
* Gender of Client (select one): <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Gender Minority	
* Is client a minor? <input type="checkbox"/> Yes <input type="checkbox"/> No	
* Country where client has citizenship?	Is this client a Lawful Permanent Resident (LPR)? <input type="checkbox"/> Yes <input type="checkbox"/> No
IMMIGRATION STATUS UPON ENTRY TO THE UNITED STATES (SELECT ONE):	
<input type="checkbox"/> Marriage Visa (K Visa) <input type="checkbox"/> Student Visa (F or M Visa) <input type="checkbox"/> Temporary Work Visa (H Visa) <input type="checkbox"/> Visitor/Tourist Visa (B Visa) <input type="checkbox"/> Diplomatic Visa (A or G Visa)	<input type="checkbox"/> Religious Worker Visa (R Visa) <input type="checkbox"/> Out of Status <input type="checkbox"/> False Documents <input type="checkbox"/> No Documentation <input type="checkbox"/> Other (specify):
Primary Language Spoken: English Proficiency: <input type="checkbox"/> Basic <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced If English is not your first language, are you interested in ESL classes? <input type="checkbox"/> YES <input type="checkbox"/> NO	Translator/Interpreter (select one): <input type="checkbox"/> No assistance needed <input type="checkbox"/> Needs assistance with spoken English <input type="checkbox"/> Needs assistance with written English <input type="checkbox"/> Needs assistance with spoken and written English Interpreter Name: _____ Tel. #: _____

IF CLIENT IS PRE-CERTIFIED:	
Has the client been referred for legal services?	<input type="checkbox"/> YES <input type="checkbox"/> No
ATTORNEY/COUNSEL NAME:	CONTACT #:
Has the client been screened for HT?	<input type="checkbox"/> YES <input type="checkbox"/> No
Based on the initial screening for trafficking, does the client seem to meet the federal definition of a victim of a form of trafficking?	<input type="checkbox"/> YES <input type="checkbox"/> No
Has the client been referred to law enforcement? Branch:	<input type="checkbox"/> YES <input type="checkbox"/> No
Has the TVAP Eligibility Screening Form been completed?	<input type="checkbox"/> YES <input type="checkbox"/> No
IF CLIENT IS CERTIFIED:	Date of certification?
ADDITIONAL COMMENTS:	

TRAFFICKING INFORMATION																		
Is this client associated with an established investigation or prosecution? (select one) <input type="checkbox"/> Yes (Federal level) <input type="checkbox"/> Yes (State level) <input type="checkbox"/> No																		
* Primary Type of Trafficking (select one): <input type="checkbox"/> Sex <input type="checkbox"/> Labor <input type="checkbox"/> Sex and Labor <input type="checkbox"/> Unknown																		
TRAFFICKING INFORMATION <small>CONTINUED</small>	Primary Type of Trafficking Exploitation (select one):																	
	<table border="0"> <tr> <td><input type="checkbox"/> Commerical Cleaning Services</td> <td><input type="checkbox"/> Healthcare</td> </tr> <tr> <td><input type="checkbox"/> Commerical Food Production</td> <td><input type="checkbox"/> Manufacturing</td> </tr> <tr> <td><input type="checkbox"/> Construction</td> <td><input type="checkbox"/> Pornography Production</td> </tr> <tr> <td><input type="checkbox"/> Cosemtology/Beauty Services</td> <td><input type="checkbox"/> Prostitution</td> </tr> <tr> <td><input type="checkbox"/> Domestic Servitude</td> <td><input type="checkbox"/> Retail Sales</td> </tr> <tr> <td><input type="checkbox"/> Elder Care</td> <td><input type="checkbox"/> Stripping/Exotic Dancing</td> </tr> <tr> <td><input type="checkbox"/> Escort Services</td> <td><input type="checkbox"/> Transportation Services</td> </tr> <tr> <td><input type="checkbox"/> Field Labor</td> <td><input type="checkbox"/> Other (specify):</td> </tr> <tr> <td><input type="checkbox"/> Hearing/Livestock</td> <td></td> </tr> </table>	<input type="checkbox"/> Commerical Cleaning Services	<input type="checkbox"/> Healthcare	<input type="checkbox"/> Commerical Food Production	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Construction	<input type="checkbox"/> Pornography Production	<input type="checkbox"/> Cosemtology/Beauty Services	<input type="checkbox"/> Prostitution	<input type="checkbox"/> Domestic Servitude	<input type="checkbox"/> Retail Sales	<input type="checkbox"/> Elder Care	<input type="checkbox"/> Stripping/Exotic Dancing	<input type="checkbox"/> Escort Services	<input type="checkbox"/> Transportation Services	<input type="checkbox"/> Field Labor	<input type="checkbox"/> Other (specify):	<input type="checkbox"/> Hearing/Livestock
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Setting of Trafficking Exploitation (select one):	
<input type="checkbox"/> Agricultural Field <input type="checkbox"/> Bar/Cantina <input type="checkbox"/> Beauty Salon/Spa <input type="checkbox"/> Brothel <input type="checkbox"/> Bus Station/Truck Stop <input type="checkbox"/> Casino <input type="checkbox"/> Construction Site <input type="checkbox"/> Factory/Manufacturing <input type="checkbox"/> Hotel/Motel <input type="checkbox"/> Massage Parlor	<input type="checkbox"/> Office <input type="checkbox"/> Parking Lot <input type="checkbox"/> Residential Private Home <input type="checkbox"/> Residential Group Home <input type="checkbox"/> Restaurant <input type="checkbox"/> Retail Business <input type="checkbox"/> Street <input type="checkbox"/> Strip Club <input type="checkbox"/> Other (specify):

NEEDS ASSESSMENT	
CLIENT STABILITY	<input type="checkbox"/> IN CRISIS – Client is in urgent need of attention/services. As of date: <input type="checkbox"/> VULNERABLE – Client is at risk of returning to “IN CRISIS” stage if comprehensive services are not provided. As of date: <input type="checkbox"/> STABILIZING – Client is on path to self restoration while relying on support systems. As of date: <input type="checkbox"/> INTEGRATING – Client demonstrates ability to utilize personal strengths along with support systems for continuous progression. As of date: <input type="checkbox"/> THRIVING – Client is fully engaged in community and nearing self-sufficiency. As of date:

IMMEDIATE UNMET NEEDS Check all that apply	<input type="checkbox"/> None <input type="checkbox"/> Housing <input type="checkbox"/> Utilities (shut-off or pending shut-off) <input type="checkbox"/> Furniture, Appliances <input type="checkbox"/> Clothing <input type="checkbox"/> Resource Information <input type="checkbox"/> Applicant requests language, sign language, or literacy assistance. Specify language: <input type="checkbox"/> The applicant has pending eviction and/or utility shut-off notices. <input type="checkbox"/> The client was provided referrals for urgent needs.	<input type="checkbox"/> Food / nutrition <input type="checkbox"/> Medical health care <input type="checkbox"/> Medication <input type="checkbox"/> Counseling <input type="checkbox"/> Other (be specific):	<input type="checkbox"/> Employment/Job Training <input type="checkbox"/> Transportation <input type="checkbox"/> Child care <input type="checkbox"/> Financial Assistance
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REFERRING INDIVIDUAL'S VERIFICATION	
VERIFICATION OF FINANCIAL NEED Required	⇒ I certify and declare to the best of my knowledge and belief that the information I have provided is true, accurate, and complete, and that I lack the financial resources necessary to meet basic living expenses.
	Name of Referring Agency:
	REFERRING AGENCY REPRESENTATIVE'S CONTACT INFORMATION
	Agency Representative's Name/Title:
	Office #:
	Cell #:
	Fax #: