



**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](mailto:MNikolatos@cctrenton.org) and cc: [HumanTrafficking@cctrenton.org](mailto: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	<b>Applicant's Phone #</b> 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
	<b>Alternate phone #</b>
	<b>Address (including apt #, room #)</b>
	_____ County
	<b>Mailing address, if different</b>
	_____ County
<b>E-Mail address</b>	

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

DEMOGRAPHICS	
<b>* Gender of Client (select one):</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Gender Minority	
<b>* Is client a minor?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>* Country where client has citizenship?</b>	<b>Is this client a Lawful Permanent Resident (LPR)?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>IMMIGRATION STATUS UPON ENTRY TO THE UNITED STATES (SELECT ONE):</b>	
<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):
<b>Primary Language Spoken:</b> English Proficiency: <input type="checkbox"/> Basic <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced  <b>If English is not your first language, are you interested in ESL classes?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Translator/Interpreter (select one):</b> <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. #: _____

<b>IF CLIENT IS PRE-CERTIFIED:</b>	
Has the client been referred for legal services?	<input type="checkbox"/> YES <input type="checkbox"/> No
<b>ATTORNEY/COUNSEL NAME:</b>	<b>CONTACT #:</b>
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
<b>IF CLIENT IS CERTIFIED:</b>	Date of certification?
ADDITIONAL COMMENTS:	

<b>TRAFFICKING INFORMATION</b>		
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		
<b>TRAFFICKING INFORMATION</b> <small>CONTINUED</small>	<b>Primary Type of Trafficking Exploitation (select one):</b>	
	<table border="0" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Commercial Cleaning Services  <input type="checkbox"/> Commercial Food Production  <input type="checkbox"/> Construction  <input type="checkbox"/> Cosmetology/Beauty Services  <input type="checkbox"/> Domestic Servitude  <input type="checkbox"/> Elder Care  <input type="checkbox"/> Escort Services  <input type="checkbox"/> Field Labor  <input type="checkbox"/> Herding/Livestock </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Healthcare  <input type="checkbox"/> Manufacturing  <input type="checkbox"/> Pornography Production  <input type="checkbox"/> Prostitution  <input type="checkbox"/> Retail Sales  <input type="checkbox"/> Stripping/Exotic Dancing  <input type="checkbox"/> Transportation Services  <input type="checkbox"/> Other (specify): </td> </tr> </table>	<input type="checkbox"/> Commercial Cleaning Services <input type="checkbox"/> Commercial Food Production <input type="checkbox"/> Construction <input type="checkbox"/> Cosmetology/Beauty Services <input type="checkbox"/> Domestic Servitude <input type="checkbox"/> Elder Care <input type="checkbox"/> Escort Services <input type="checkbox"/> Field Labor <input type="checkbox"/> Herding/Livestock
<input type="checkbox"/> Commercial Cleaning Services <input type="checkbox"/> Commercial Food Production <input type="checkbox"/> Construction <input type="checkbox"/> Cosmetology/Beauty Services <input type="checkbox"/> Domestic Servitude <input type="checkbox"/> Elder Care <input type="checkbox"/> Escort Services <input type="checkbox"/> Field Labor <input type="checkbox"/> Herding/Livestock	<input type="checkbox"/> Healthcare <input type="checkbox"/> Manufacturing <input type="checkbox"/> Pornography Production <input type="checkbox"/> Prostitution <input type="checkbox"/> Retail Sales <input type="checkbox"/> Stripping/Exotic Dancing <input type="checkbox"/> Transportation Services <input type="checkbox"/> Other (specify):	

<b>Setting of Trafficking Exploitation (select one):</b>	
<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):

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

<b>IMMEDIATE UNMET NEEDS</b> 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	
<b>VERIFICATION OF FINANCIAL NEED</b> 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 #: