



## Redeemed for a Cause Referral Form

Date: \_\_\_\_\_

### **Referrer:**

What is your relationships to candidate? (Select all that apply)

Law Enforcement  Legal Counsel  Social Worker. Case Manager  Court Official  Safe House or Trafficking Shelter  Anti-Trafficking Agency/Task Force  Friend/Family Member  Self

Referrer Name: \_\_\_\_\_

Agency Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Contact Email: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

How long have you known the Candidate? \_\_\_\_\_ months \_\_\_\_\_ weeks \_\_\_\_\_ days \_\_\_\_\_

By what date do you need services to begin: \_\_\_\_\_

### **Candidate Information:**

First Name: \_\_\_\_\_ Middle Name/Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Age: \_\_\_\_\_

If under 18, please specify:

Emancipated  Ward of Court/State  About to Age-Out  Other

Gender  Female  Male  Trans  Gender Neutral  Non-Binary

Candidate is:  US Citizen Legal  Foreign National Undocumented  Foreign National

Please indicate racial/ethnic background (this is optional, in case candidate qualifies for specific minority-serving agencies): \_\_\_\_\_

Candidate is currently residing in: City: \_\_\_\_\_ State: \_\_\_\_\_

**Legal**

Is the Candidate a victim of trafficking (either exploited as a minor, or as an adult through the means of force, fraud, or coercion), prostitution, or other forms of sexual exploitation?  Yes  No

What is the nature of the trafficking?  Labor Trafficking  Sex Trafficking  Both

How was the trafficking activity verified?  Candidate is a minor; verification not required  Trafficking was verified by Law Enforcement or Court Official  Candidate met screening criteria for trafficking  Trafficking was disclosed by Candidate only  Trafficking cannot be verified

How recent was candidate trafficked/sexually exploited? months \_\_\_\_ weeks \_\_\_\_ days \_\_\_\_

Does the Candidate have any outstanding warrants or legal obligations? Yes  No

Is the trafficker(s) in custody?  Yes  No

Is there an open or pending case against the trafficker?  Yes  No

Is the Candidate currently incarcerated? If yes, date of release?  Yes  No

Is (or will) the Candidate be on parole/probation?  Yes  No

Is the Candidate a high flight risk?  Yes  No

**Health**

How many days of sobriety/clean time does the candidate have?  Yes  No  NA

Is there a chance she could be pregnant?  Yes  No

Is the Candidate actively self-injuring?  Yes  No

Is the Candidate a suicide risk?  Yes  No

Is the Candidate on prescribed pharmacology for mental illness? if yes, list prescribed pharmacology:

\_\_\_\_\_

Does the Candidate have severe psychiatric issues?

If yes, list psychiatric issues: \_\_\_\_\_

Does the Candidate have any immediate health concerns or physical limitations?  Yes  No

If yes, list health concerns: \_\_\_\_\_

**Additional Information:**

Is there any other helpful information that you would like to provide about the referee? If so, please summarize below:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_