



# SHELTERED

## Rapid Referral Application

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

By completing this application, you are agreeing to allow the National Sheltered Alliance to circulate this application amongst its member agencies for the expressed purpose of facilitating a residential placement for your Candidate. ALL INFORMATION WILL BE KEPT CONFIDENTIAL within the Sheltered network. You will be contacted directly by any agency that has availability and is willing to consider your Candidate. This application will be good for 30 days.

### 1. Referrer

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What is your relationship to the Candidate?

- Law Enforcement     Legal Counsel     Social worker/Case Manager     Court Official  
 Safe House     Anti-Trafficking Agency / Task Force     Friend /Family

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

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

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

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

How long have you known the Candidate?    mos    weeks    days

By what date do you need placement: \_

### 2. Candidate Information

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First Initial:    Middle Initial:    Last Initial:    Age:

*Do not put identifying information on this application. Your Candidate will only be identified within this Network by the person's 3 initials and age, for example: AGW21*

If under 18, please specify:

- Emancipated     Ward of Court/State     About to Age-Out  
 Parent/Guardian willing to grant temporary custody     Parent/Guardian willing to transfer legal guardianship

Gender:     Male     Female     Trans

Candidate is:     US Citizen     Legal Foreign National     Undocumented Foreign National

Candidate is currently residing in:    City/State:

- Yes     No    Is the Candidate able and willing to relocate out of State?  
 Yes     No    Will your agency/the Candidate fund the cost of relocation?  
 Yes     No    Does the Candidate have any means to pay for placement (insurance, family support, disability, etc.)?  
Explain:



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### 3. Legal

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Yes  No 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?

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

How recently was s/he in a trafficking situation? (specify days/weeks/months)

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?

### 4. Health

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Yes  No  N/A Is there a chance she could be pregnant?

Yes  No  N/A Is the Candidate actively self-injuring?

Yes  No Is the Candidate a suicide risk?

Yes  No  N/A Does the Candidate have at least 30 days sobriety/clean time?

Yes  No  N/A Is the Candidate on prescribed pharmacology?

Yes  No  N/A Does the Candidate have severe psychiatric issues?

Yes  No Does the Candidate have any immediate health concerns?

### 4. Placement

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Level of Supervision Recommended:

Low – Candidate can live in independent housing and is not at risk of relapse; Candidate would benefit from daily or weekly check-ins with staff

Moderate – Candidate would benefit from supervision within the housing situation; Candidate can handle off-campus privileges; phone/computer access would not pose a threat to this Candidate

High – Candidate would do best under 24/7/365 supervision with restricted outside communications

Duration of Placement needed:

up to 30 days

up to 1 year

2 years or more

up to 3 months

up to 2 years

undetermined

Yes  No Does the Candidate need a program that accepts dependent child(ren)?

Yes  No Is the Candidate willing to participate in a Christian program?

What else is pertinent to the placement of this Candidate? Are there any special conditions or services needed?