



RAPID REFERRAL APPLICATION

Please email the completed form to referral@shelteredalliance.org

By completing this application, you are agreeing to allow the National Trafficking Sheltered Alliance to circulate this application amongst its member agencies within 24 hours for the expressed purpose of facilitating a residential placement for your Candidate. This form must be filled out completely before submission. ALL INFORMATION WILL BE KEPT CONFIDENTIAL within the Alliance network. You will be contacted directly by any agency that has availability and is willing to consider your Candidate.

Date: _____

Referrer

What is your relationship to the Candidate?

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

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 placement: _____

Candidate Information

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

First Initial: _____ Middle Initial: _____ Last Initial: _____ Age _____

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: _____

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:

Legal

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 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 recently was s/he in a trafficking situation? _____ months _____ weeks _____ days

Yes No Is the Candidate a victim of prostitution, or other forms of sexual exploitation?

Yes No Does the Candidate have any outstanding warrants or legal obligations? (We advise that you conduct a public domain case search to verify.)

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?

Health

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 for mental illness?

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

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

Placement

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 3 months up to 1 year up to 2 years 2 years or more 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?

Yes No Has this Candidate previously (or currently) been in a trafficking shelter program?

If yes, which program? _____

What else is pertinent to the placement of this Candidate?

