

**STOP Task Force Victim Services
Referral Summary**

Survivor Name:		AKA:
DOB:	Age:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Is the survivor a minor? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Country of Origin/Citizenship:		County:
City/State of Origin:		Is survivor a Lawful Permanent Resident (LPR)? <input type="checkbox"/> Yes <input type="checkbox"/> No
Primary Language Spoken:		
English Proficiency: <input type="checkbox"/> None <input type="checkbox"/> Basic <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced		Translation/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: Telephone Number:
Race/Ethnicity: <input type="checkbox"/> White Non-Latino/Caucasian <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American		<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Native Hawaiian and Other Pacific Islander <input type="checkbox"/> Other Race <input type="checkbox"/> Multiple Races
Immigration Status upon entry to the United States (select one if known):		
<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/Expired Visa <input type="checkbox"/> False Documents <input type="checkbox"/> No Documentation <input type="checkbox"/> Other (specify):

CONTACT INFORMATION	
Current location address:	Is this a long- or short-term placement? <input type="checkbox"/> Long Term <input type="checkbox"/> Short Term
Is this a safe placement: <input type="checkbox"/> Yes – Describe steps for safety: <input type="checkbox"/> No – Describe risks:	If confirmed, who confirmed:
Best Phone # to Reach Survivor: Is this a Cellphone: <input type="checkbox"/> Yes <input type="checkbox"/> No	This # Belongs to:

Can survivor receive texts: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Emergency Contact: Name: Phone #:	Relationship to Survivor? Is this person in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, where is this person located?
Survivor's Home Address:	
Suspected trafficker (if known):	Known information about the trafficker:
Relationship of trafficker to survivor:	Does trafficker currently have access to the survivor? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain:

Referral		
Referral Type: <input type="checkbox"/> Non-Emergency - Identification <input type="checkbox"/> Emergency (please call 1-844-843-6348 U-I-ENDHT) – Recovery	Date of Referral:	Time of Referral:
Referred By:	Victim Status: <input type="checkbox"/> Confirmed Sex Trafficking Victim <input type="checkbox"/> Suspected Sex Trafficking Victim <input type="checkbox"/> Confirmed Labor Trafficking Victim <input type="checkbox"/> Suspected Labor Trafficking Victim <input type="checkbox"/> Pre-Certified Adult/Pre-Eligible Minor <input type="checkbox"/> Certified Adult/Eligible Minor <input type="checkbox"/> CSE IT Screening Clear concern	
Title:		
Agency:		
Referrer Contact:		
Partner Relay:		

If Survivor is a Minor		
Enrolled in School: <input type="checkbox"/> Yes <input type="checkbox"/> No	Grade:	
School Name:		
CPS Engaged: <input type="checkbox"/> Yes <input type="checkbox"/> No	Law Enforcement Engaged: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Type of Engagement: <input type="checkbox"/> Dual <input type="checkbox"/> Investigation <input type="checkbox"/> Conservatorship	Law Enforcement Contact:	Report Number:

CPS Case Manager Contact:	Juvenile Probation Engaged: <input type="checkbox"/> Yes <input type="checkbox"/> No
Other Social Services Engaged: <input type="checkbox"/> Yes <input type="checkbox"/> No	Probation Officer Contact:
Other Case Manager Contact:	Has the survivor agreed to be contact by ECM? <input type="checkbox"/> Yes <input type="checkbox"/> No
If under 18, who is the parent/guardian of Minor: Name: Phone #:	If under 18, has the legal parent or guardian agreed to be contacted by ECM? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Survivor is over 18 years old.
Describe the circumstances/indicators that suggest the referred client is or may be a victim of trafficking:	
Describe the events leading to the client's current placement. Is the client currently in a safe location? How long has the client been at the current placement? How long is the client expected to remain at the current placement?	
Any additional information that may help ECM better serve this client?	

IF CLIENT IS PRE-CERTIFIED:	
Has the client been referred to legal services?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Attorney/Counsel Name:	Contact Number:
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 Investigation) <input type="checkbox"/> Yes (State Investigation) <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	
Primary Type of Trafficking Exploitation (Select One):	
<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"/> Other (specify):
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):

Thank you for your referral. Please email this completed form to STOP-HT@bcfs.net. ECM will contact you to confirm receipt and follow up with any questions. For urgent referrals requiring a 90 minute response, referrals must be placed by phone by calling 1-844-843-6348 (U-I-END-HT).

ECM INTERNAL USE ONLY			
Date Received: MM/DD/YY	Time Received: 0000	Processed By: Click here to enter text.	
Date Dispatched: MM/DD/YY	Arrival Time: 0000	Advocate Agency Assigned: Click here to enter text.	
PD Signature:			