



Demographics				
<b>Name</b>			<b>Address</b>	
<b>DOB/age</b>	Age:			
	Street	City	State	Zip Code

<b>Primary Phone</b>		<b>Alternative Phone</b>	
<b>Best time to reach participant?</b>	A.M or P.M	<b>Specific times:</b>	

<b>Gender</b>	<b>Male</b>	<b>Female</b>	<b>Trans</b>	<b>Yes or No</b>	<b>LGBT Identified</b>	<b>Yes or No</b>
<b>Gender Identity</b>	Which pronoun(s) do participant prefer					

<b>Reason for referral (please describe specifics, re: problems/ concerns):</b> all referrals must be identified at risk or survivors of sex trafficking		
<b>Involved in sex trafficking</b>		<b>At risk for sex trafficking</b>
<b>A survivor of sex trafficking</b>		<b>Need supportive services for child or dependent</b>
<b>Need supportive services for self</b>		<b>A recent event prompted this referral</b>
<b>Additional Information:</b> is this a referral for support groups, mentor services, advocacy 1:1 services please describe below		
<b>Is follow up requested</b> Yes or No	Confirmation is conducted within 2 working days of initiating referral, verification that referral is appropriate and satisfactory is conducted within 15 working days, and follow up is conducted every 3 months	

**(The Family Partnership use only beyond this point)**

Information about referral					
	<b>IN</b>	<b>Out</b>	<b>Internal</b>	<b>External</b>	1. <b>If this is a referral out</b> who is receiving this referral? 2. <b>If this is a referral in</b> where is this referral coming from?  Advocate name, email, and phone number
<b>Referral Information</b>					
Name					phone number
Email:					
<b>Date of Referral</b>					Phone number/Best time to call referral source with questions, concerns, or follow-ups
<b>Staff receiving/initiating referral</b>					
<b>Agency referred to/from</b>					
Advocate and/or Mentor assigned					

\*\*\* Please attach a signed consent for release of information (ROI) to this document. \*\*\*



Service Monitoring for Referrals (C.M 5.01)

Date referral was initiated: \_\_\_\_\_

Phase	Time	Advocate	Additional Comments
Confirmation	1 – 2 working days		
Verification	15 working days		
Follow-Up	Every 3 months		

Are there any complaints of problems? Yes or No


Is this referral initiated by identification of a service plan? Yes or No N/A (it's not applicable for referral in)

Is this referral in response to a crisis? Yes or No