



Referral Form - Must accompany Doors to Freedom's Application

Survivor's Name: _____ *Age: _____ Date of Birth: _____

*Must be 12 years of age to 9mos from 21st birthday.

Has your client been identified as a victim of sex trafficking? Yes ___ No ___

If Yes, Law Enforcement Agency: _____

Arresting Office: _____ Contact info: _____

After completing this referral form, please note any and all information known related to her trafficking case on a separate sheet of paper. Please include, where, when and how long she was trafficked (LE would be your best source for obtaining information). Also note any other known abuse prior to being trafficked.

What stage of change do you believe the applicant to be in? (See 6 Stages of Change document)

Precontemplation Contemplation Preparation Action Maintenance Relapse

Is location of trafficker known? Yes ___ No ___

If yes, explain:

Do you know if she identifies as a victim/survivor of sex trafficking? Explain.

Current location of survivor: _____

Length of time in this location: _____

Is she stable and safe where she is located? Explain.

How long can she stay in this location (in the event that we have a waiting list)? Explain.

List all current and previous placements in the last year and reasons for leaving.

Any known mental health issues (any and all diagnoses -panic attacks, depression, etc.) or safety concerns? Explain. (A copy of any and all psychological evaluation(s) will be needed.)

Does she have any known developmental disabilities or special needs? IEP?

Does she have a history of self-harm or suicidal ideation? Explain.

Does she have a history of harming others? Pets? Setting fires? Explain.

Any known health (Diabetes, etc.) or contagious disease (TB, etc.) concerns we should be made aware of?

Do you know if her pimp used drugs as a form of control? Yes ___ No ___ Unknown ___

Does she have a drug addiction that would cause her to need detoxification prior to coming to Doors to Freedom? (We are not a healthcare facility or drug rehab facility.) Explain.

Any known threats of violence or retaliation by their traffickers/family/significant others?

Do you know if she was a bottom girl or if she recruited or has shown interest in recruiting others into “the life”?

Is she a flight risk? Please explain.

What are her safety and security needs?

Additional information:

Referring Agency: (PLEASE PRINT or TYPE)

- Person completing this form: _____
- Agency Name: _____
- City, State: _____
- Contact Name: _____
- Role: _____
- Email: _____
- Phone Number: _____
- Days/Times we can call about referral: _____