A logo of a mother bird and baby bird

AI-generated content may be incorrect.

**REFERRAL FORM**

**Date:**

**Has the referring agency verified sex trafficking history based on the human trafficking screening tool? Y/N**

1. How long ago was the survivor actively exploited by her trafficker?
2. How long has it been since the survivor had contact with her trafficker?
3. Is the survivor currently pregnant or has dependent children?  **Yes  No**

If so, what are the children’s ages?

1. If the survivor’s children are not under her supervision, who are they currently with?

Can she provide legal documentation?  **Yes  No** Is she actively pursuing custody?  **Yes  No**

1. Does the survivor have any past or current outstanding legal issues that would need to be addressed and resolved?  **Yes  No**

If yes, please explain:

1. Has the survivor completed any mental health or recovery programs?  **Yes  No**

If yes, please list all the programs attended and/or competed:

1. Does the survivor have any serious medical or mental health diagnoses that would prevent her from actively participating in and pursuing continuing education, employment, and long-term sustainable housing**?  Yes  No**

If yes, please explain:

1. Does the survivor have any violent criminal charges that would prevent her from actively participating in and pursuing employment, and long-term sustainable housing?  **Yes  No**

If yes, please explain:

1. Does the survivor have any legal mandates that would prevent her from actively participating in and pursuing employment and long-term sustainable housing?  **Yes  No**

If yes, please explain:

1. Has the survivor participated in any residential programs?  **Yes  No**

Did she complete the program(s)?  **Yes  No**

If so, how did she function in that environment?

1. How does the survivor interact in group and social settings and what did you (or other referring agencies) observe about her behavior? (Social, aggressive, passive, etc.)
2. What have been the greatest challenges for the survivor and the staff during their time at your agency?
3. Is the survivor currently on medical/mental health medications?  **Yes  No**

If yes, please list medications and diagnoses:

Is she willing to continue medical and mental health management consistently?  **Yes  No**

1. Are you aware of any paranoia, mania, or borderline personality tendencies?  **Yes  No**

If yes, please explain

1. Has she had any extreme meltdowns or panic attacks during her stay at your agency?  **Yes  No**

If yes, please explain:

1. Have there been any behaviors that you have noticed that do not line up with a current or prior mental health diagnosis?  **Yes  No**

If yes, please explain:

\*Please share any additional information that you feel would be pertinent to our evaluation in determining eligibility for Mother’s Nest \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Additional Agency Information:**

* Will the referring agency provide any further support for the survivor? If so, how much and how often?
* Are there any other resources needed and/or available to the survivor through the referring agency or partnering agencies?
* Is there any funding available for additional living expenses from the referring agency or partnering agencies?

**Referring Agency Contact (person that completed the questionnaire): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**