



Anti-Human Trafficking Referral Form  
 Please fax to 951.351.4265 or  
 Email to mvaca@operationsafehouse.org

Referral made by:	Date of Referral:																
Organization:	Phone Number:																
Client Name:	Phone number:																
Gender/Pronoun:	DOB:	Nationality:															
Primary Language:																	
Current Residence:																	
Parent/Guardian/Lead Agency:	Phone:																
Is the client currently in crisis?																	
Is the client currently in danger?																	
Has the client disclosed he/she is a victim of human trafficking?																	
Why do you suspect client is a victim of human trafficking? Reason for referral?																	
Does the client have an open police case?	Report number:																
History of Substance Abuse:																	
Mental Health Concerns:																	
Immediate Services Needed: <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Housing/Shelter</td> <td><input type="checkbox"/> Transportation</td> <td><input type="checkbox"/> Identification Docs</td> </tr> <tr> <td><input type="checkbox"/> Dental</td> <td><input type="checkbox"/> Educational/GED</td> <td><input type="checkbox"/> Public Benefits</td> </tr> <tr> <td><input type="checkbox"/> Medical</td> <td><input type="checkbox"/> Interpreter Svcs.</td> <td><input type="checkbox"/> Substance Abuse</td> </tr> <tr> <td><input type="checkbox"/> Mental Health</td> <td><input type="checkbox"/> CP/Certification</td> <td><input type="checkbox"/> Life Skills</td> </tr> <tr> <td><input type="checkbox"/> Family Reunification/Preservation</td> <td><input type="checkbox"/> Dependent Child Needs</td> <td><input type="checkbox"/> Other:</td> </tr> </table>			<input type="checkbox"/> Housing/Shelter	<input type="checkbox"/> Transportation	<input type="checkbox"/> Identification Docs	<input type="checkbox"/> Dental	<input type="checkbox"/> Educational/GED	<input type="checkbox"/> Public Benefits	<input type="checkbox"/> Medical	<input type="checkbox"/> Interpreter Svcs.	<input type="checkbox"/> Substance Abuse	<input type="checkbox"/> Mental Health	<input type="checkbox"/> CP/Certification	<input type="checkbox"/> Life Skills	<input type="checkbox"/> Family Reunification/Preservation	<input type="checkbox"/> Dependent Child Needs	<input type="checkbox"/> Other:
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Additional Info. (triggers/special considerations)that we should be aware of for a quality assessment:																	