



Resident Referral Application

Date: \_\_\_\_\_

- Completion of this application assumes the candidate consents to allow the Referring Agency to provide the following information in consideration for her residency at Engedi Refuge. The program may last up to 18 months if the client chooses to complete all three phases. Though we only ask for a commitment to Phase One at intake.
- Engedi Refuge does not discriminate based on the responses provided on this form. You're candid, factual, and complete responses assist us in proceeding with the referral process.
- ALL INFORMATION WILL BE KEPT CONFIDENTIAL.

**Program Restrictions**

Please be advised that Engedi Refuge does not have resources to provide services for a candidate who meets any of the following conditions. We are unable to accept your candidate if she:

- ❖ Has physical custody of children *is not identifying as biological female*
- ❖ Is not ambulatory *Is unable to manage self-care*
- ❖ Is not at a Jr. High or greater level of Developmental ability *Is prescribed narcotic medication*

Client may not be a candidate for the Engedi program if she has any of the following:

- ❖ Diagnosed Borderline Personality Disorder, Dissociative Identity Disorder, Schizophrenia or Sociopath tendencies

**1. Referrer**

What is your relationship to the Candidate?

- \_\_\_ Law Enforcement
- \_\_\_ Social Worker/Case Manager
- \_\_\_ Court Official/Advocate
- \_\_\_ Restoration Program
- \_\_\_ Anti-Trafficking Agency
- \_\_\_ Friend/Family member
- \_\_\_ Domestic Violence Shelter
- \_\_\_ Emergency Shelter

Referrer Name: \_\_\_\_\_

Agency Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Contact Email: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

How long have you known the Candidate? \_\_\_\_\_ months \_\_\_\_\_ weeks \_\_\_\_\_ days

**2. Candidate Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI \_\_\_\_\_

Cell Phone: \_\_\_\_\_ DOB (MM/DD/YYYY): \_\_\_\_\_ Age: \_\_\_\_\_

Hometown City/State: \_\_\_\_\_

If international: Country of Origin: \_\_\_\_\_ Citizenship Status: \_\_\_\_\_



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English proficiency:

- Fluent, Conversational, None

3. Threat Assessment

- Has she been verified as a victim of human trafficking?
How recently was she in a trafficking situation?
Is her trafficker(s) still a threat to her?
Is she still in contact with her trafficker?
Is she currently (or recently) affiliated with a gang?
Is her family unsafe or unhealthy?
Does she have a history of violence?
Is she a high flight risk?

4. Physical Health

- Does she have valid medical insurance?
Does she have a drug use history?
How much clean time does she have?
Is she pregnant?
Does she have any of the following medical concerns?
Asthma, Infectious disease, Food Allergies, Epilepsy, Diabetes, Hearing impairment

Is she on any medications for physical conditions?

Three horizontal lines for medication information.

5. Mental Health

- Does she have a history of self-injury?
Does she have a history of suicide ideation/attempts?
Does she have a mental health diagnosis? Describe:

- Can you provide a mental health assessment?
Has she ever been hospitalized for a psychiatric issue?
Is she prescribed mental health pharmacology? List all here:

Three horizontal lines for pharmacology information.



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6. Legal

- Y N Is she under warrant? (Offense(s): \_\_\_\_\_)
Y N Is she on probation?
Y N Is she court-ordered for placement?
Y N Does she have an open case against her trafficker?
Parole/Probation Officer: \_\_\_\_\_ Phone Number: \_\_\_\_\_

7. Spiritual

- Y N Is she willing to participate in a Christian program?

8. Relational

- What is her marital status? (Please circle) Single Married Divorced Widowed
Y N Does she have children?
Y N Does she have physical custody of her children?
Y N Are any of her children offspring from her trafficker?
Y N Does she have a safe provision for childcare while she's in our program?

9. Education

Completed High School Y N If not, please provide brief history of education

10. History

Please give us any additional information concerning her trafficking experience

Multiple horizontal lines for providing additional information.



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List the other programs she's been in:

When?

How long?

_____	_____	_____
_____	_____	_____
_____	_____	_____

**11. Additional Comments**

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Is there anything additional we should know about her circumstance prior to considering her for our program?  
Please be as detailed as you are able.