



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.
- 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 ambulatory
- ❖ Is not at a Jr. High or greater level of Developmental ability
- is not identifying as biological female
- Is unable to manage self-care
- 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

- Y N Has she been verified as a victim of human trafficking? (either sexually exploited as a minor, or prostituted as an adult through the means of force, fraud, or coercion)
How recently was she in a trafficking situation? _____ How long in the life? _____
- Y N Is her trafficker(s) still a threat to her?
- Y N Is she still in contact with her trafficker?
- Y N Is she currently (or recently) affiliated with a gang? Gang: _____
- Y N Is her family unsafe or unhealthy?
- Y N Does she have a history of violence? If yes, explain _____
- Y N Is she a high flight risk?

4. Physical Health

- Y N Does she have valid medical insurance?
- Y N Does she have a drug use history? (Drug of choice: _____)
- Y N How much clean time does she have? _____ How long has she been using? _____
- Y N Is she pregnant? (How far along: _____ months)

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?

5. Mental Health

- Y N Does she have a history of self-injury (cutting, burning, head-banging, hair-pulling, etc.)?
- Y N Does she have a history of suicide ideation/attempts?
- Y N Does she have a mental health diagnosis? Describe:

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



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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

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.