

**Redeem & Restore**  
— CENTER —

**Referral Application Form**

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

**Referrer**

I am making this referral for: " Myself (skip to next section) " Someone else

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

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

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

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

I am:

- |  |  |
|--|--|
| <input type="checkbox"/> Friend                  | <input type="checkbox"/> Social worker                 |
| <input type="checkbox"/> Family member           | <input type="checkbox"/> Medical professional          |
| <input type="checkbox"/> Court official          | <input type="checkbox"/> Anti-trafficking professional |
| <input type="checkbox"/> Law enforcement officer | <input type="checkbox"/> Other: _____                  |
| <input type="checkbox"/> Legal counsel           |  |

How long have you known the Candidate:

- |  |   |
|--|---|
| <input type="checkbox"/> Less than a day   | <input type="checkbox"/> 4-12 months      |
| <input type="checkbox"/> Less than a week  | <input type="checkbox"/> More than a year |
| <input type="checkbox"/> Less than a month | <input type="checkbox"/> Several years    |
| <input type="checkbox"/> 1-3 months        |   |

**Candidate Information**

Candidate's Name: \_\_\_\_\_  
(Enter First, Middle, and Last. if candidate prefers anonymity, use initials)

Age: \_\_\_\_\_ Current City: \_\_\_\_\_ State: \_\_\_\_\_

What is the Candidate's current situation?

- |   |   |
|---|---|
| <input type="checkbox"/> Detained/Incarcerated          | <input type="checkbox"/> In detox /rehab              |
| <input type="checkbox"/> Homeless                       | <input type="checkbox"/> Inpatient care/ hospital     |
| <input type="checkbox"/> In a threat situation          | <input type="checkbox"/> Living with family or friend |
| <input type="checkbox"/> In another trafficking shelter | <input type="checkbox"/> Other: _____                 |

How quickly is the Candidate seeking placement?

- |  |   |
|--|---|
| <input type="checkbox"/> Within the week | <input type="checkbox"/> Within the month |
| <input type="checkbox"/> Within 2 weeks  | <input type="checkbox"/> By (date): _____ |

Country of Nationality?

- |                              |                                       |
|------------------------------|---------------------------------------|
| <input type="checkbox"/> USA | <input type="checkbox"/> Other: _____ |
|------------------------------|---------------------------------------|

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What is the Candidate's English literacy?

- Fluent  Conversational  None

Sex at birth?

- male  
 female  
 prefer not to answer

Current gender identity?

- male  
 female  
 both or none  
 prefer not to answer

Does the Candidate have children?

- No  
 Currently pregnant. How far along? \_\_\_\_\_  
 Yes, not in Candidate's custody  
 Yes, in Candidate's custody. Age of child(ren): \_\_\_\_\_

Does the Candidate have an alcohol/drug use history?

No  Yes Describe: \_\_\_\_\_

How much clean time (from all substances) does the Candidate have? \_\_\_\_\_

Do any of the following medical/mental health needs apply to the Candidate?

- |  |   |
|--|---|
| <input type="checkbox"/> Diagnosed with psychosis              | <input type="checkbox"/> Requires a support animal          |
| <input type="checkbox"/> High risk of relapse (drugs/alcohol)  | <input type="checkbox"/> Recent psychiatric hospitalization |
| <input type="checkbox"/> High suicide ideation                 | <input type="checkbox"/> Risk of abscondment                |
| <input type="checkbox"/> On medicated assisted treatment (MAT) | <input type="checkbox"/> Unable to self-manage              |
| <input type="checkbox"/> On psychotropic medication(s)         | <input type="checkbox"/> Violent towards others             |
| <input type="checkbox"/> Patterns of self-harm                 |   |

Does the Candidate have any disabilities that inhibit functioning?

No  Yes Describe: \_\_\_\_\_

Do any of the following legal issues apply to the Candidate?

- |  |   |
|--|---|
| <input type="checkbox"/> Active court case         | <input type="checkbox"/> Requires P.O. accountability |
| <input type="checkbox"/> On Sex Offenders registry | <input type="checkbox"/> Requires ankle monitoring    |
| <input type="checkbox"/> Pending criminal charges  | <input type="checkbox"/> Under outstanding warrant    |

How was the Candidate's sexual exploitation/trafficking verified?

- Candidate is a minor; verification not required  
 Verified by law enforcement  
 Verified by Candidate's disclosure  
 Met screening criteria for trafficking  
 Not verified

What level of supervision would be appropriate for the Candidate's needs?

Low – independent, unsupervised housing with regular check-ins

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- Moderate – supervision within the shelter home; off-campus privileges; access to Internet/phone
- High – 24/7 staff supervision; off-campus activities with supervision; monitored communications
- Secure – lock down facility, restricted visits, and communications
- No preference
- Unsure

Is the Candidate willing to work a program that offers Christian/faith-based activities and practices?

- Yes  No  Not sure

Has the Candidate expressed interest in this program?

- No  Yes  Not yet discussed with Candidate

What duration of stay is the Candidate seeking?

- 3 months or less  1 year or more  
 Up to 6 months  As long as it takes  
 Up to 12 months

After review of this application, our agency will contact you to schedule a phone or video call with the Candidate. What is your preferred method of contact?

- Email \_\_\_\_\_  
 Phone \_\_\_\_\_

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**FOR SHELTER USE ONLY**

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Is the Candidate accepted into the program?

- Yes  
 Yes, with conditions: \_\_\_\_\_  
 No. Reason:  
 Candidate met our exclusion criteria  
 Candidate conveyed an unwillingness to work the program  
 Candidate declined admission  
 Candidate was unreachable  
 Other: \_\_\_\_\_

If accepted:

Projected date of intake: \_\_\_\_\_

Transportation plans

- Referring agency will provide transport  
 Candidate will secure transport  
 Our agency will fund air/rail/bus/taxi transport  
 Our agency will pick up Candidate at airport/rail/bus station  
 Transport provided by 3<sup>rd</sup> party: \_\_\_\_\_

Notes:

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