



Residential Application

Completion of this application provides consent to allow the referring agency to provide the following information to Her Song in consideration for residency in the Her Song program. Her Song does not discriminate based on the responses provided on this form. Please be truthful, factual and provide complete responses. Screen all clients for HT before filling out this application.

Please refer to the **Referral Process** to ensure your candidate is eligible for the program before completing this form.

If you have any questions or concerns, call our office at 904.513.0203

Date: _____

1: Referring Agency:

What is your relationship to the candidate; check all that apply.

- | | |
|---|--|
| <input type="radio"/> Law Enforcement | <input type="radio"/> Victim Advocate |
| <input type="radio"/> Shelter or other agency | <input type="radio"/> Court |
| <input type="radio"/> Legal Counsel | <input type="radio"/> Friend/Family Member |
| <input type="radio"/> Anti-trafficking task force | <input type="radio"/> Self (skip part 1) |
| <input type="radio"/> Social Worker/Case manager | |

Agency Name: _____

Your Name: _____

City: _____ State: _____

Contact info. Email: _____ Phone: _____

How long have you known the candidate? _____

2. Candidate Information

Last name: _____ First name: _____ MI: _____

Cell phone number: _____ DOB: _____ Age: _____

Hometown city and state: _____

3. Safety Assessment:

YES NO

_____	_____	Has she been verified as a victim of human trafficking? (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? _____
_____	_____	Is her trafficker(s) still a threat to her?
_____	_____	Is she still in contact with her trafficker?
_____	_____	Is there an open or pending case against her trafficker?
_____	_____	What state(s) was she trafficked in?
_____	_____	Is she currently or recently affiliated with a gang? Gang name: _____
_____	_____	Is her family unsafe or unhealthy?
_____	_____	Does she have a history of violence?
_____	_____	Is she in a significant debt situation that poses a threat?
_____	_____	Is she a high flight risk?

Part 4: Physical Health

YES NO

_____	_____	Does she have valid medical insurance? Medicaid?
_____	_____	Does she have a substance abuse history? Drug of choice: _____
		Length of sobriety: _____ Sober in a Controlled environment (jail)? Y N
_____	_____	Is she currently pregnant? How many weeks? _____
_____	_____	Is she ambulatory? If not, describe her limitations: _____

_____		Does she have any medical needs or concerns?

_____		Is she on any medication? List here: _____

Part 5: Mental Health

Highest level of education: _____

YES NO

_____ Does she have a history of self-injury? (cutting, burning, head banging, hair pulling, etc.)

_____ Does she have a history of suicidal ideation or attempts? Ideation only (circle)

If yes, when was her most recent attempt? _____

_____ Does she have a mental health diagnosis? Describe: _____

_____ At what age was diagnosis given? _____

_____ Has she ever been hospitalized for a psychiatric issue? When? ____/____/____

_____ Is she prescribed mental health pharmacology? List all psychiatric meds here: _____

Part 6: Legal

YES NO

_____ Is she under a warrant? If so what offense? _____

_____ Is she on probation?

Parole/Probation Officer: _____

Parole/Probation Officer phone number: _____

_____ Is she court-ordered for placement?

_____ Does she have an open case against her trafficker?

_____ Would she be considered under house arrest?

Please list all arrests and charges and dates: _____

Part 7: Relationship History

What is her marital status? (check each one that applies) Single:____ Married:___ Divorced/Widowed: ____

In a Romantic Relationship: _____ Living with a Partner: _____ Living with Father of baby: _____ Is she engaged in survival sex with a roommate? Yes No Is she currently engaged in any kind of sexual relationship? Yes No

YES NO

_____ Does she have children? How many _____

_____ Does she have physical custody of children? N/A

_____ Does she have an open child custody case?

_____ Does she have any children by her trafficker? N/A

_____ Does she have safe provision for childcare while in our program? N/A

_____ Is she a survivor of childhood sexual abuse? Starting at what age? _____

Part 8: Applicant History

A. Please provide a history of her trafficking situation and the case status:

[illegible]

B. Please list any other programs applicant has participated in:

Name of Program	Date	Length of Participation	Completed?
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[illegible]

[illegible]