



SCREENING GUIDE FOR HUMAN TRAFFICKING AND DOMESTIC SEX TRAFFICKING

This is a guide to suggest if an individual may be a victim of domestic human trafficking. Affirmative responses do not necessarily conclude that the individual is a victim. Multiple affirmative responses should be investigated by law enforcement. It is advised that the interviewer give the interviewee full control of his/her responses and not probe unduly. You may invite the interviewee to elaborate on any of the questions, if appropriate. (Adapted from a previous screening tool created by NYCTAP)

- Yes No Has anyone ever taken and kept your identification, or provided you with alternative identification that was false?
- Yes No Have you ever worked without getting the payment expected?
- Yes No Have you ever been punished (beaten, deprived of basic needs, isolated, etc.) for not making a certain amount of money?
- Yes No Has anyone you ever worked for or lived with been responsible for your food (whether or not you ate, how much, what food, etc.)?
- Yes No Have you ever lived in or worked at a place where the doors/windows were locked and you were restricted from leaving when you wanted?
- Yes No Has anyone you ever worked for or lived with denied your contact with family, friends or others?
- Yes No Has anyone you ever worked for or lived with taken/kept money that was yours in exchange for food, transportation, rent, clothing, beauty treatments, etc.?
- Yes No Have you ever lived with or worked for someone where you felt that if you wanted to leave that situation, you—or someone you care about—would be in danger?
- Yes No Have you ever received anything of value (money, housing, food, gifts, drugs) in exchange for any activity involving sexual contact?
- Yes No Was this work any of the following: escort service, strip club dancer, massage parlor, phone sex—or anything similar?

Don't overlook the most important question:

DOES SOMETHING JUST NOT SEEM RIGHT HERE?

For more information about human trafficking, visit ShelteredAlliance.org



ALLIANCE REFERRAL SYSTEM FORM

Please email the completed form to referral@shelteredalliance.org.

By completing this application, you are agreeing to allow the National Trafficking Sheltered Alliance to circulate this application amongst its member agencies within 24 hours for the express purpose of facilitating a residential placement for your Candidate. This form must be filled out completely before submission. **ALL INFORMATION WILL BE KEPT CONFIDENTIAL** within the Alliance network. You will be contacted directly by any agency that has availability and is willing to consider your Candidate. **ARS will not replace the assessment process of individual agencies; we are a facilitator only.**

Date: _____

Referrer

What is your relationship to candidate? (Select all that apply)

- Law Enforcement Legal Counsel Social Worker/Case Manager Court Official
 Safe House or Trafficking Shelter Anti-Trafficking Agency/Task Force Friend/Family member Self

Referrer Name: _____

Agency Name: _____

City: _____ State: _____

Contact Email: _____ Contact Phone: _____

How long have you known the Candidate? _____ months _____ weeks _____ days

By what date do you need placement: _____

Candidate Information

DO NOT put identifying information on this application. Your Candidate will only be identified within this Network by the person's 3 initials and age, for example: AGW21

First Initial: _____ Middle Initial: _____ Last Initial: _____ Age _____

If under 18, please specify:

- Emancipated Ward of Court/State About to Age-Out Parent/Guardian willing to grant temporary custody
Parent/Guardian willing to transfer legal guardianship

Gender: Male Female Trans

Candidate is: US Citizen Legal Foreign National Undocumented Foreign National

Please indicate racial/ethnic background (this is optional, in case candidate qualifies for specific minority-serving agencies):

Candidate is currently residing in: City: _____ State: _____

Is the Candidate able and willing to relocate out of State? Yes No

Will your agency/the Candidate fund the cost of relocation? Yes No

Does the Candidate have any means to pay for placement (insurance, family support, disability, etc.)? Explain:

Legal

Yes No Is the Candidate a victim of trafficking (either exploited as a minor, or as an adult through the means of force, fraud, or coercion), prostitution, or other forms of sexual exploitation?

What is the nature of the trafficking? Labor Trafficking Sex Trafficking Both

How was the trafficking activity verified?

Candidate is a minor; verification not required Trafficking was verified by Law Enforcement or Court Official

Candidate met screening criteria for trafficking Trafficking was disclosed by Candidate only

Trafficking cannot be verified

How recent was candidate trafficked/sexually exploited? _____ months _____ weeks _____ days

Yes No Does the Candidate have any outstanding warrants or legal obligations? (We advise that you conduct a public domain case search to verify.)

Yes No Is the trafficker(s) in custody?

Yes No Is there an open or pending case against the trafficker?

Yes No Is the Candidate currently incarcerated? If yes, date of release? _____

Yes No Is (or will) the Candidate be on parole/probation?

Yes No Is the Candidate a high flight risk?

Health

How many days of sobriety/clean time does the candidate have? _____

Yes No Is there a chance she could be pregnant?

Yes No Is the Candidate actively self-injuring?

Yes No Is the Candidate a suicide risk?

Yes No Is the Candidate on prescribed pharmacology for mental illness?

if yes, list prescribed pharmacology: _____

Yes No Does the Candidate have severe psychiatric issues?

if yes, list psychiatric issues: _____

Yes No Does the Candidate have any immediate health concerns or physical limitations?

if yes, list health concerns: _____

Placement

Level of Supervision Recommended:

Low - Candidate can live in independent housing and is not at risk of relapse; Candidate would benefit from daily or weekly check-ins with staff

Moderate - Candidate would benefit from supervision within the housing situation; Candidate can handle off-campus privileges; phone/computer access would not pose a threat to this Candidate

High - Candidate would do best under 24/7/365 supervision with restricted outside communications

Duration of Placement needed:

up to 30 days up to 3 months up to 1 year up to 2 years 2 years or more undetermined

Yes No Does the Candidate need a program that accepts dependent child(ren)?

Yes No Is the Candidate willing to participate in a Christian program?

Yes No Has this Candidate previously (or currently) been in a trafficking shelter program?

If yes, which program? _____

What else is pertinent to the placement of this Candidate?
