



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.

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

Return/email this form via saved pdf to kelly@hersongjax.org

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? (circle) Asthma Epilepsy Infectious Disease

Diabetes Visual Impairment Hearing impairment

_____ _____ 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:

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

<u>Name of Program</u>	<u>Date</u>	<u>Length of Participation</u>	<u>Completed?</u>
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