

Catherine's Cottage Referral Form



DOING THE MOST GOOD
CENTRAL MARYLAND

To Referring Party:

Thank you for considering Catherine's Cottage as a possible match for your contact. Some things to know about referring to Catherine's Cottage:

- We are a low barrier emergency shelter designed to provide services to survivors of sex trafficking that fall into the following categories:
 - Survivors 18 years and older
 - Survivors with children
 - Foreign Nationals
 - Female identifying transgender individuals
- It is a structured/supportive program to support the healing and increased self-sufficiency of survivors.
- We are Christian faith-based. However, engagement in spiritual discovery classes is 100% voluntary and survivors of all types and levels of secularism and religions are fully welcomed.
- Residency at Catherine's Cottage is voluntary but case management and house meetings, counseling and community dinners are required during their stay.

Please complete and return this form to our Anti-Trafficking Program Director, Hilary Sigismondi, at hilary.sigismondi@uss.salvationarmy.org.

PART I: REFERRING AGENCY/INDIVIDUAL INFORMATION

Date:	Name of Referring Agency:	
Referring Individual:	Contact #:	
Contact Email:	Contact fax:	

PART II: CLIENT INFORMATION

Legal Name:	Preferred Name:	
Social Security:	Date of Birth:	Age:
Race:	Sex:	
Does the potential resident need an interpreter? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what language?	Immigration Status: <input type="checkbox"/> US Citizen <input type="checkbox"/> Undocumented	<input type="checkbox"/> Documented Visa Type :

Court Involvement : <input type="checkbox"/> Yes <input type="checkbox"/> No	Next Court Date:
State of Court:	City of Court:
Living Arrangement: <input type="checkbox"/> Pimp/Trafficker <input type="checkbox"/> Family Member <input type="checkbox"/> Friends <input type="checkbox"/> Alone <input type="checkbox"/> Facility/program <input type="checkbox"/> Jail/Prison Other:	Address:
Phone Number:	Email:
Emergency Contact:	Relationship:
Phone Number:	Email:
Does the potential resident have any legal documentation?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Driver's License	<input type="checkbox"/> Birth Certificate
<input type="checkbox"/> Passport	<input type="checkbox"/> Visa
	<input type="checkbox"/> State Issued ID
	<input type="checkbox"/> Social Security
	<input type="checkbox"/> Other

Does the client have children? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, how many?	Does the client have custody of her children? <input type="checkbox"/> Yes <input type="checkbox"/> No
In the last 6 months, has the client experienced drug use? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, what type? Date of last use:	In the last 6 months, has the client experienced alcohol use? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, date of last use: How frequently? <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly
In the last 6 months, has the client experienced suicidal thoughts? <input type="checkbox"/> Yes <input type="checkbox"/> No Attempts? <input type="checkbox"/> Yes <input type="checkbox"/> No Date(s):	In the last 6 months, has the client been hospitalized? <input type="checkbox"/> Yes <input type="checkbox"/> No Date(s): Reason(s):
Does the client suffer from any mental disorders? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please state:	
Does the client have any open arrest warrants? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, in what counties?	

<p>To your knowledge, was or is this referral trafficked? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I do not know at this time/ Unsure <input type="checkbox"/> Has not fully disclosed</p>	<p>If so, what form(s) of trafficking? <input type="checkbox"/> Pimp Control <input type="checkbox"/> Gang Control <input type="checkbox"/> Familial Control <input type="checkbox"/> Other:</p>
<p>Has the client been sexually exploited? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If so, what form(s) of exploitation? <input type="checkbox"/> Prostitution <input type="checkbox"/> Stripping <input type="checkbox"/> Escort Services <input type="checkbox"/> Trading sex for drugs, food, gifts, etc.</p>
<p>Has the client been involved in any form of abusive relationships? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If so, what form(s) of abuse? <input type="checkbox"/> Physical Abuse <input type="checkbox"/> Sexual Abuse <input type="checkbox"/> Emotional Abuse <input type="checkbox"/> Rape <input type="checkbox"/> Molestation <input type="checkbox"/> Other:</p>
<p>Estimated date of last trafficking event:</p>	<p>Estimated age of entry into servitude or being 'turned out':</p>
<p>What are some strengths that you see in this potential referral? (Please check all that apply)</p> <p><input type="checkbox"/> She survived <input type="checkbox"/> Staying sober since <input type="checkbox"/> Got away since</p> <p><input type="checkbox"/> Currently engaged in other programs <input type="checkbox"/> Willing to start therapy <input type="checkbox"/> Willing to try <input type="checkbox"/> Open to relocate</p> <p><input type="checkbox"/> Other:</p>	
<p>Describe a brief synopsis of client's trafficking situation.</p>	<p>How receptive is client in being referred to Catherine's Cottage? Please describe the client's reactions & feelings about being involved in Catherine's Cottage.</p>

Thank you for completing the Catherine's Cottage Referral Form.
A member of our team will be in contact with you within 48hrs.

For Internal Use Only:

Date:	Approved by:
Date:	Program Director's Signature: