Human Trafficking Client Referral Form

Client Information				Referred By	WAL ASSA
Name:				Organization:	
				Referral Date:	
Cı	ırrent Nee	ds (Check all that ap	ply)		Additional Notes
	Shelter Food Clothing Advocacy	☐ Transportation ☐ Immigration ☐ Medical ☐ Dental	☐ Counseling ☐ Resources ☐ Referrals ☐ SSA Benefits	☐ Victim Witness☐ Other	
Additional Information Date of Trafficking Incident:				Services Provided by Organization:	
Reason for Referral:				Support System (family, friends, etc.):	
Date of Arrival: Date of Discharge:					
_	l,	(Current Organiza	tion's Name) to the	elease of my information by NWA Center for Sexual Assault.
			and that this info		rral and receiving appropriate ndled confidentially and with
	Signature:		Date:		
	(Advocate), attest that I have obtained the necessary consent from the client to refer them to the NWA Center for Sexual Assault for human trafficking services. I understand that the information provided in this form is confidential and will be used for the sole purpose of facilitating services for the referred client.				
Signature:				Date:	

Please submit this referral form to the NWA Center for Sexual Assault via fax, email, or in person. Thank you for your commitment to supporting survivors of human trafficking.