

Resident Referral Application



Date: _____

Completion of this application assumes the candidate consents to allow the Referring Agency to provide the following information in consideration for her residency at Engedi Refuge. The program may last up to 18 months if the client chooses to complete all three phases. Though we only ask for a commitment to Phase One at intake.

- Engedi Refuge does not discriminate based on the responses provided on this form. You're candid, factual, and complete responses assist us in proceeding with the referral process. ALL INFORMATION WILL BE KEPT CONFIDENTIAL.

Intake Criteria

Please be advised that Engedi Refuge does not have resources to provide services for a candidate who meets any of the following conditions. We are unable to accept your candidate if she:

- ❖ Has physical custody of children is not identifying as biological female
- ❖ Is not ambulatory Is unable to manage self-care
- ❖ Is not at a Jr. High or greater level of Developmental ability Is prescribed narcotic medication

Client may not be a candidate for the Engedi program with certain mental health disorders. Please discuss with Case MGMT

1. Referrer

What is your relationship to the Candidate?

- Law Enforcement
- Social Worker/Case Manager
- Court Official/Advocate
- Restoration Program
- Anti-Trafficking Agency
- Friend/Family member
- Domestic Violence Shelter
- Emergency Shelter

Referrer Name: _____

Agency Name: _____

City: _____ State: _____

Contact Email: _____ Contact Phone: _____

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

2. Candidate Information

Last Name: _____ First Name: _____ MI _____

Cell Phone: _____ DOB (MM/DD/YYYY): _____ Age: _____

Hometown City/State: _____

If international: Country of origin: _____ Citizenship Status: _____

English proficiency:

- Fluent
- Conversational
- None

PLEASE SCAN AND EMAIL THE COMPLETED FORM TO info@engedirefuge.com OR FAX TO: (360) 922-7496



3. Threat Assessment

- Y N Has she been verified as a victim of human trafficking? (either 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? _____ How long in the life? _____ Y
- N Is her trafficker(s) still a threat to her?
- Y N Is she still in contact with her trafficker?
- Y N Is she currently (or recently) affiliated with a gang? Gang: _____ Y
- N Is her family unsafe or unhealthy?
- Y N Does she have a history of violence? If yes, explain _____
- Y N Is she a high flight risk?

4. Physical Health

- Y N Does she have valid medical insurance?
 - Y N Does she have a drug use history? (Drug of choice: _____)
 - Y N How much clean time does she have? _____ How long has she been using? _____
 - Y N Is she pregnant? (How far along: _____ months)
- Does she have any of the following medical concerns?
- | | | |
|-----------------------------------|---|---|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Infectious disease | <input type="checkbox"/> Food Allergies |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Hearing impairment |
- Is she on any medications for physical conditions?
- _____
- _____

5. Mental Health

- Y N Does she have a history of self-injury (cutting, burning, head-banging, hair-pulling, etc.)?
- Y N Does she have a history of suicide ideation/attempts?
- Y N Does she have a mental health diagnosis? Describe:

- Y N Can you provide a mental health assessment?
- Y N Has she ever been hospitalized for a psychiatric issue? When: _____ Y
- N Is she prescribed mental health pharmacology? List all here:



6. Legal

Y N Is she under warrant? (Offense(s): _____) Y
 N Is she on probation?
 Y N Is she court-ordered for placement?
 Y N Does she have an open case against her trafficker?
 Parole/Probation Officer: _____ Phone Number: _____

7. Spiritual

Y N Is she willing to participate in a Christian program?

8. Relational

What is her marital status? (Please circle) *Single* *Married* *Divorced* *Widowed*

Y N Does she have children?
 Y N Does she have physical custody of her children?
 Y N Are any of her children offspring from her trafficker?
 Y N Does she have a safe provision for childcare while she's in our program?

9. Education

Completed High School Y N If not, please provide brief history of education

10. History

Please give us any additional information concerning her trafficking experience



List the other programs she's been in:	When?	How long?
_____	_____	_____
_____	_____	_____
_____	_____	_____

11. Additional Comments

Is there anything additional we should know about her circumstance prior to considering her for our program? Please be as detailed as you are able.