|  |
| --- |
| **To be completed by WARN** |
| [ ] OVC ECM [ ] OVC COMP [ ] OCVA[ ] OVC Minors |
| Client ID:Click or tap here to enter text. |
| WARN Advocate:Click or tap here to enter text. |



**WARN Referral Form**

\*Once this form is filled out completely, please email this form to warnreferrals.irc@rescue.org

|  |
| --- |
| 1. **REFERRAL**
 |
| **Date of referral:** Click or tap to enter a date. |
| **Referral Agency**:Click or tap here to enter text.**Type of Agency**:Choose an item.If Other (please specify): Click or tap here to enter text. | **Referrer(s) Name(s):** Click or tap here to enter text.**Referrer Phone or Email:** Click or tap here to enter text. |
| **Legal Providers:** Do you or your organization currently legally represent client?[ ] Yes[ ] No |
| Has client applied or been assisted in applying for HHS/OTIP Certification Letter?[ ] Yes[ ] No |
| 1. **CLIENT INFORMATION**
 |
| **First Name:** Click or tap here to enter text. | **Last Name:** Click or tap here to enter text. |
| **Gender Identity:** Choose an item. **Other:**Click or tap here to enter text. | **Does client use pronouns?** [ ] Yes[ ] No**Pronouns**: Click or tap here to enter text. |
| **Date of birth:**  Click or tap to enter a date.**Client under 18 years-old:** [ ] Yes [ ] No | **If client is a foreign national/immigrant, what is the current immigration status:** Choose an item. |
| **Preferred language(s):** Click or tap here to enter text.**English Level:** Choose an item.  **Notes/Comments**: Click or tap here to enter text. | **Country of citizenship:** Click or tap here to enter text.**Race:** Choose an item.**Ethnicity:** Click or tap here to enter text. |
| **Safe telephone number(s):** Click or tap here to enter text.**Best days and times to call:** Click or tap here to enter text.**Notes/Comments:** Click or tap here to enter text. | **Safe to leave a voicemail?** [ ] Yes [ ] No**Safe to send a text?** [ ] Yes [ ] No |
| **Alternate/emergency contact name:** Click or tap here to enter text.**Relationship to client:** Click or tap here to enter text.**Phone number:** Click or tap here to enter text. |
| **Current living situation:** Choose an item.**Additional comments:**Click or tap here to enter text. | **Number of adults in household:** Click or tap here to enter text.**Number of minors in household:** Click or tap here to enter text. |

|  |
| --- |
| 1. **HUMAN TRAFFICKING**
 |
| **Official determination of trafficking known?** (This includes HHS certification, or certification by law enforcement or a judge) [ ] Yes [ ] No**Date of determination (if applicable)**:Click or tap here to enter text. | **Type of trafficking:** [ ] Sex [ ] Labor [ ] Both  |
| **Type of Work:** Choose an item.**If there is more than one type of work, please include them here:**Click or tap here to enter text.**Setting:** Choose an item.**If there is more than one setting, please include them here**:Click or tap here to enter text. |
| **Current threats/fears/safety concerns:** Click or tap here to enter text. | **Is law enforcement involved?** *(Note: Not required for WARN enrollment)* [ ] Yes [ ] No**If yes, please indicate which agency:** Click or tap here to enter text. |
| **Immigration Status:** Choose an item.**Pending applications:** Choose an item.**If other:** Click or tap here to enter text.**If pending, date:**Click or tap here to enter text.**If approved, date:** Click or tap here to enter text. |
| **Please choose at least one of the following options.**[ ] Law enforcement has indicated that the client meets the definition of a victim of a severe form of trafficking as described by the TVPA. Law enforcement is willing to provide law enforcement endorsement and/or request Continued Presence.\***Date determination made**: Click or tap to enter a date.[ ] Law enforcement has indicated that, upon initial review of this case, the client appears to meet the definition of a victim of a severe form of trafficking as described by the TVPA. Additional interviews may be required to obtain formal law enforcement endorsement. \***Date determination made**: Click or tap to enter a date.[ ] Legal provider has determined that this client meets the definition of a victim of a severe form of trafficking as described by the TVPA.\***Date determination made**: Click or tap to enter a date. [ ] WARN staff has determined that this client meets the definition of a victim of a severe form of trafficking as described by the TVPA. \***Date determination made**: Click or tap to enter a date.[ ]  Screening in process. Note: Determination encouraged to be made within 90 days of first intake date. |

|  |
| --- |
| 1. **Referral Request**
 |
| **Priority/current needs for client:**Click or tap here to enter text. | **Other agencies/service providers supporting the client:** Click or tap here to enter text. |
| **Additional comments for WARN:**  |

|  |
| --- |
| **Referring staff name:** Click or tap here to enter text.**Referring staff signature:** Click or tap here to enter text.**Date:** Click or tap to enter a date. |



CONSENT TO DISCLOSURE – REQUEST FOR INFORMATION

I, , authorize for information regarding my case with the Washington Anti-trafficking Response Network (WARN) be disclosed to .

Purpose or need for disclosure:

 To assist in making appropriate referrals for services and appointments.

 To provide information to be used in the development of the client’s service plan.

 To provide information relevant to client’s potential immigration application.

 Other (Specify)­: ­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

I understand that my records are protected by laws governing confidentiality and cannot be disclosed without my written consent, unless stated otherwise by law. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it. I understand that this consent expires automatically as follows:

 Three (3) years from the date signed.

 Other (Specify):

The above document has been translated for me into my native language and I fully understand its content.

Client’s Signature: Date:

Case Number:

Signature of Parent, Guardian, or Authorized Representative (when required):

 Date:

Witness: Date: