



Sisters in Shelter Referral Form

Please fill out referral form to the extent confidentiality and safety will allow and email completed form to SISdirector@outlook.com

Date: _____

Referrer

What is your relationship to the applicant? (Select all that apply)

- Self-Referral Social Worker/Case Manager Law Enforcement
 Court Official Friend/Family Member/Significant Other Safe House/Shelter
 Anti-Trafficking Agency/Task Force Other: _____

Referring Organization (if any): _____

Contact Name (if different from applicant): _____

Contact Email: _____ Contact Phone: _____

Candidate Information

If the applicant or referring organization does not wish to disclose the full name of applicant, please provide the individual's initials and age.

First: _____ Middle: _____ Last: _____

Age: _____ SSN: _____ - _____ - _____ Gender: F/M/Other _____

Is candidate a US Citizen? If not, please explain: _____

Racial/Ethnic Background (optional, used for organization data): _____

Will the organization or candidate have means to pay for relocation? _____

Placement

Reason for Placement (Select all that apply):

- Human Trafficking (Sex, Labor, and/or Other) Domestic Violence

Placement Type: Shelter and Case Management Case Management Only

Requested date of placement: _____



Sisters in Shelter Screening Tool

Please fill out to the best of your ability, this tool is utilized to determine if the candidate meets criteria for services SIS offers.

Are you currently experiencing, or have you recently experienced, any of the following?
(Check all that apply)

- Called names, put down, or any other form of verbal abuse
- Physical abuse including but not limited to pushing, hitting, restraining, having objects thrown or personal items destroyed, etc.
- Threatening behavior, whether verbal or physical, towards yourself, your belongings, loved ones, children, or even pets.
- Access to money controlled or withheld completely.
- Children witnessing abuse.
- Feeling intimidated or afraid to leave home; being kept away from family and friends and/or controlling where you go and when
- Communication monitored and limited whether directly or by checking your phone, social media, etc. without your knowledge or consent.
- Personal identification and/or other documents taken or destroyed?
- Worked without getting payment expected or punished for not making a certain amount of money?
- Taken/kept money that was yours in exchange for something (transportation, rent, clothing, food, etc.)
- Received anything of value in exchange for any activity involving sexual contact or work completed?
- Lived and/or worked at a location where any exit (doors, windows, etc.) were locked or you were generally restricted from leaving due to threat of harm or other consequence?

Other (Please Explain): Enter text electronically here or fill out field below by hand.
