

Safer Spaces Referral Form

Referring Agency

Agency/Org: _____ Date of Referral: _____

Name of Referee: _____ City: _____

Phone Number: _____ Email: _____

Have long have you known the client you are referring? _____

Client Information

Name: _____

DOB: _____ Gender Identity: _____

Phone Number: _____ Is it safe to leave a message: Y N

Does the client identify as being: Sexually Exploited Sexually Trafficked

Engaged in Sex Work

Current living situation: Homeless Shelter/Transition House Couch Surfing

Family Other Unsafe/Instable living environment

City currently living in: _____

Has the client self-identified housing as a need? Yes No

Is the client aware of this referral? Yes No

If not, please explain why:

Has the client been referred to any other organizations? Yes No

If yes, please list:

Would the client be open to peer support through the NSTAY program? Yes No

Background information/Reason for the referral:

Is there a perpetrator(s)? Yes No

Name(s):

Is the client currently separated from the perpetrator(s)? Yes No

If yes, for how long: _____

Is the perpetrator(s) incarcerated? Yes No

Is the client in contact or communicating with the perpetrator(s)? Yes No

Has anyone made threats towards the client? Yes No

Please explain:

Other safety concerns:

