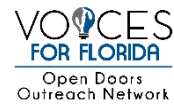


Victim/Mentee or Client Assistance Referral Form

Time-Sensitive, Confidential Information – To be Returned to MTL Headquarters

Please email to: team@moretoolife.org | Subject line - Re: Referral



Victim/Youth/Mentee General Information:

Name of Person Referred: _____ Date of Referral: _____

Current Age: _____ DOB: ____/____/____ City/County: _____

Gender at birth (Circle): F or M | Transgender - Preferred Name: _____

Race: (Circle One): Caucasian (White) | Hispanic or Latino | Black | Asian | American Indian | Other: _____

Primary Language: English | Spanish | French | Other: _____

Disabilities: Yes or No Explain: _____

Current Placement: Bio Parent | Guardian | Non-Relative | Shelter | Other: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: (____) _____ - _____ Alternate Contact #: (____) _____ - _____

Email: _____

Reason for Referral (Circle all that apply): Prevention | Human Trafficking/CSEC | Prostitution | Sexual Violence Victim | High Risk Youth | Male Buyer or Violator | Teen Sexual Assault | Children in Trauma |

Brief Description _____

How were you made aware of the Issue? _____

Incident/Historical Information:

Name of Referring Agency: _____

Contact Person: _____ Phone: _____

Email: _____

Client Case #: _____ DCF Case #: _____

Police Report #: _____ Date of Issue, Crime or Charge: _____

PO/PO or Case Manger Name: _____ Phone: _____

Email: _____

Referred Youth's - Parent or Guardian Info: *(level of involvement, contact information, etc.)*

Name: _____ Contact # & Email: _____

Level of Involvement: _____

Does the Referral Have Children: Yes or No | How many? _____

Name: _____ Age: _____ Gender: _____ Custody: Yes or No

Name: _____ Age: _____ Gender: _____ Custody: Yes or No

Victim Assistance Referral Form..... (page 2)

Confidential Information – Do not Share!



Service Information:

Please check or insert the necessary information, if applicable. Z

SERVICE	PROVIDED BY	STILL NEEDED	AGENCY/CONTACT
Crisis Intervention			
Transportation			
Mentoring, Life Coach or Counseling			
Residential Placement			
Accompaniment-Court			
RJEDE Program			
HT or CSEC Verification or Support			
Sexual Violence Victim			

Please briefly state the two primary needs of the client and reason for referring to More Too Life:

1) _____

2) _____

Date of Assistance Needed: _____

Additional Important Details, Concerns, or Needs:

MTL Office Use Only:

Date of Follow Up: _____ **Responding MTL Rep:** _____

Open Doors: Y or N **Response Team:** Survivor Mentor | Clinician | Regional Advocate

Action: *Initial Meeting | Intake | Staffing | Verification | Mentoring Session | LATN Class*

Other Action Steps/Notes: _____

Primary Service Goal(s): _____
