

# Victim/Mentee or Client Assistance Referral Form

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

Please email your known team contact | Subject line - Re: Referral



Open Doors  
Outreach Network

## **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):** \_\_\_\_\_

\_\_\_\_\_