

**Data Collection Forms: Client Management  
Trafficking Population Form**



*One form per client. Please fill out as many fields as possible.  
Fields marked with an asterisk (\*) are required.*

**\*Client ID:** \_\_\_\_\_

**Client Intake Information**

**\*Intake Date:** \_\_\_\_\_

**\*Case Manager:** \_\_\_\_\_

Secondary Case Manager: \_\_\_\_\_

Case Name: \_\_\_\_\_

Is this client a child of another client, or a derivative family member?      Yes      No

If this is a client's child, please include the parent's client ID: \_\_\_\_\_

**Client Demographics**

**\*Gender of Client (select one):**      Female      Male      Transgender

Client Date of Birth (if known): \_\_\_\_\_

**\*Is this client a minor?**      Yes      No

**\*Country where client has citizenship:** \_\_\_\_\_

Is this client a Lawful Permanent Resident (LPR)?      Yes      No

Immigration status upon entry to the United States (select one):

- |                               |                                |
|-------------------------------|--------------------------------|
| Marriage Visa (K Visa)        | Religious Worker Visa (R Visa) |
| Student Visa (F or M Visa)    | Out of Status                  |
| Temporary Work Visa (H Visa)  | False Documents                |
| Visitor/Tourist Visa (B Visa) | No Documentation               |
| Diplomatic Visa (A or G Visa) | Other (specify): _____         |

Primary Language Spoken: \_\_\_\_\_

Translator/Interpreter (select one):

- No assistance needed
- Needs assistance with spoken English
- Needs assistance with written English
- Needs assistance with spoken and written English

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**\*Client ID:** \_\_\_\_\_

**Trafficking Information**

Is this client associated with an established investigation or prosecution? (select one):

Yes (Federal level)

Yes (State level)

No

**\*Primary Type of Trafficking (pick one):**

Sex                      Sex and Labor

Labor                    Unknown

Primary Type of Trafficking Exploitation (select one):

Commercial Cleaning Services

Commercial Food Production

Construction

Cosmetology/Beauty Services

Domestic Servitude

Elder Care

Escort Service

Field Labor

Herding/Livestock

Healthcare

Manufacturing

Pornography Production

Prostitution

Retail Sales

Stripping/Exotic Dancing

Transportation Service

Other (specify): \_\_\_\_\_

Setting of Trafficking (select one):

Agricultural Field

Bar/Cantina

Beauty Salon/Spa

Brothel

Bus Station/Truck Stop

Casino

Construction Site

Factory/Manufacturing

Hotel/Motel

Massage Parlor

Office

Parking Lot

Residential Private Home

Residential Group Home

Restaurant

Retail Business

Street

Strip Club

Other (specify): \_\_\_\_\_

## Data Collection Forms: Client Management Trafficking Population Form



***One form per client. Please fill out as many fields as possible.  
Fields marked with an asterisk (\*) are required.***

**\*Client ID:** \_\_\_\_\_

How was this client referred to your OVC Project? (select one):

- |  |   |
|--|---|
| Attorney   | Mental Health/Substance Abuse Treatment Providers |
| Civic/Business Community                             | Providers   |
| Community-based Providers                            | National Human Trafficking Resource Center        |
| Concerned Citizen                                    | Other Client/Victim                               |
| Consulate  | Probation/Parole                                  |
| Faith-based Organizations/Religious                  | Prosecutors                                       |
| Family Member  | Schools/Educational Institutions                  |
| Federal Agencies Other Than Law Enforcement          | Self/Word of Mouth                                |
| Federal Law Enforcement                              | Street Outreach                                   |
| Friend   | Trade/Professional Affiliation Associations       |
| Housing/Shelter                                      | Victim Service Providers                          |
| Immigrant/Ethnic Service Providers                   | Vision/Dental Providers                           |
| Legal Providers                                      | Other (specify): _____                            |
| Legislators/Lawmakers                                |   |
| Local Government Agencies Other Than Law Enforcement |   |
| Medical/Public Health Providers                      |   |

## Data Collection Forms: Client Management Funding & Case Closure



*One form per client. Please fill out as many fields as possible.  
Fields marked with an asterisk (\*) are required.*

### **\*Funding**

**\*Client ID:** \_\_\_\_\_

**\*Grant Assigned:** \_\_\_\_\_

**\*Assignment Date:** \_\_\_\_\_ Reassignment Date: \_\_\_\_\_

Second Grant Assigned (if applicable): \_\_\_\_\_

Assignment Date: \_\_\_\_\_ Reassignment Date: \_\_\_\_\_

### **\*OVC-Eligibility Information (fill in date for each of the criteria for the applicable grant):**

#### Services to Victims of Human Trafficking grant

Date determined as a victim of trafficking as defined by the TVPA: \_\_\_\_\_

Date adult victim agreed to cooperate with requests from law enforcement OR date determined as a minor: \_\_\_\_\_

Date determined citizenship permissible on grant: \_\_\_\_\_

Date OVC approved exception for any of the above criteria: \_\_\_\_\_

#### Services to Domestic Minor Victims of Human Trafficking grant

Date determined as a victim of trafficking as defined by the TVPA: \_\_\_\_\_

Date determined victim is a U.S. citizen or lawful permanent resident (LPR): \_\_\_\_\_

Date determined that victim is/was a minor: \_\_\_\_\_

Date OVC approved exception for any of the above criteria: \_\_\_\_\_

#### Enhanced Collaborative Model grant

Date determined as a victim of trafficking as defined by the TVPA: \_\_\_\_\_

Date adult victim agreed to cooperate with requests from law enforcement OR date determined as a minor: \_\_\_\_\_

Date OVC approved exception for any of the above criteria: \_\_\_\_\_

## Data Collection Forms: Client Management Funding & Case Closure



*One form per client. Please fill out as many fields as possible.  
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### \*Case Closure

**\*Date Case Closed:** \_\_\_\_\_

**\*Reason for Case Closure (select one):** \_\_\_\_\_

Client became certified

Client completed program

Client LPR status approved

Client did not return after initial intake

Client is not a victim of trafficking as defined in the TVPA

Client does not agree to cooperate with law enforcement

Client is not a foreign national

Client chooses to no longer work with organization

Client has repatriated

Client has moved out of service jurisdiction

Client has returned to trafficker(s)

Client is not a U.S. citizen or LPR

Client has aged out of program

Client transferred to another OVC service provider (specify): \_\_\_\_\_

Other (specify): \_\_\_\_\_

## Data Collection Forms: Client Management Client Service Provision



*One form per client. Fields marked with an asterisk (\*) are required.*

\*Client ID: \_\_\_\_\_

\*Grant: \_\_\_\_\_ \*Month/Year of Services: \_\_\_\_\_

	*Date of Service	*# of Units	*Service Provider	*Date of Service	*# of Units	*Service Provider	*Date of Service	*# of Units	*Service Provider
<b>Time Service Provision (1 unit = 15 Minutes)</b> <i>See Service Provision Chart in User Guide for more detail</i>									
Client Intake									
Client Orientation									
Crisis Intervention or 24-Hour Hotline									
Criminal Justice System-based Victim Advocacy									
Emotional/Moral Support									
Employment Assistance									
Family Reunification									
Housing/Shelter Advocacy									
Legal Services									
Ongoing Case Management									
Protection/Safety Planning									
Repatriation									
Social Service Advocacy/Explanation of Benefits									

**Data Collection Forms: Client Management  
Client Service Provision**



*One form per client. Fields marked with an asterisk (\*) are required.*

\*Client ID: \_\_\_\_\_

	*Date of Service	*# of Units	*Service Provider	*Date of Service	*# of Units	*Service Provider	*Date of Service	*# of Units	*Service Provider
<b>Incident Services Provision</b> (1 unit = 1 Incident) <i>See Service Provision Chart in User Guide for more detail</i>									
Child Care									
Dental (Emergency/ Long-Term)									
Education									
Housing/Rental Assistance									
Interpreter/Translator									
Medical (Emergency/ Long-Term)									
Mental Health Service									
Substance Abuse Treatment									
Transportation									
Other (specify):									
<b>Other Units of Measurement</b> <i>See Service Provision Chart in User Guide for more detail</i>									
<b>Financial Assistance</b> (1 unit equals \$1)									
<b>Personal Items</b> (1 unit equals 1-10 items of clothing, 1 trip to clothing bank, 1 day of meals, or 1 use of laundry or shower facilities)									
<b>Notes:</b>									

**Data Collection Forms: Client Management  
 Client Immigration Status**



*One form per client. Please fill out as many fields as possible.  
 Fields marked with an asterisk (\*) are required.*

\*Client ID: \_\_\_\_\_

Funding Grant: \_\_\_\_\_

Current Immigration Status (select one):

- |                              |                                |                        |
|------------------------------|--------------------------------|------------------------|
| Marriage Visa (K Visa)       | Visitor/Tourist Visa (B Visa)  | Out of Status          |
| Student Visa (F or M Visa)   | Diplomatic Visa (A or G Visa)  | False Documents        |
| Temporary Work Visa (H Visa) | Religious Worker Visa (R Visa) | No Documentation       |
|                              |                                | Other (specify): _____ |

Current Certification Status (select one):      Precertified      Certified

**Immigration Actions Taken for Trafficking Victims (please fill in relevant dates):**

<b>Continued Presence</b>	Date Requested by Advocate:	
	Date Granted:	
	Date Renewed:	
	Date Denied:	
<b>Certification</b>	Date Process Began:	
	Date Granted:	
	Date Denied:	
<b>Law Enforcement Authorization for Visa</b>	Date Sought:	
	Date Granted:	
	Date Denied:	
<b>T-Visa Application</b>	Date Filed:	
	Date Granted:	
	Date Denied:	
<b>U-Visa Application</b>	Date Filed:	
	Date Granted:	
	Date Denied:	
<b>Other Immigration Relief</b>	Date Filed:	
	Date Granted:	
	Date Denied:	
<b>Other Action Taken (specify):</b>	Date Acted:	
	Date Granted:	
	Date Denied:	

## Data Collection Forms: Client Management Housing Information



*One form per client. Please fill out as many fields as possible.  
Fields marked with an asterisk (\*) are required.*

**\*Client ID:** \_\_\_\_\_

**\*Emergency Housing**

**\*Funding Grant:** \_\_\_\_\_

**\*Date Placed:** \_\_\_\_\_ Date Exited: \_\_\_\_\_

Location (select one):

- |   |                                       |
|---|---------------------------------------|
| Hotel/Motel                                 | Shelter – Men                         |
| Living Independently in a Home or Apartment | Shelter – Women                       |
| Living With Friends or Family               | Shelter – Youth                       |
| Shelter – Children                          | Shelter – Trafficking Victims         |
| Shelter – DV                                | Staying With Other Victims or Clients |
| Shelter – Homeless                          | Other (specify): _____                |

**\*Transition Housing**

**\*Funding Grant:** \_\_\_\_\_

**\*Date Placed:** \_\_\_\_\_ Date Exited: \_\_\_\_\_

Location (select one):

- |   |                                       |
|---|---------------------------------------|
| Hotel/Motel                                 | Shelter – Men                         |
| Living Independently in a Home or Apartment | Shelter – Women                       |
| Living With Friends or Family               | Shelter – Youth                       |
| Shelter – Children                          | Shelter – Trafficking Victims         |
| Shelter – DV                                | Staying With Other Victims or Clients |
| Shelter – Homeless                          | Other (specify): _____                |

**\*Long-Term Housing**

**\*Funding Grant:** \_\_\_\_\_

**\*Date Placed:** \_\_\_\_\_ Date Exited: \_\_\_\_\_

Location (select one):

- |   |                                       |
|---|---------------------------------------|
| Hotel/Motel                                 | Shelter – Men                         |
| Living Independently in a Home or Apartment | Shelter – Women                       |
| Living With Friends or Family               | Shelter – Youth                       |
| Shelter – Children                          | Shelter – Trafficking Victims         |
| Shelter – DV                                | Staying With Other Victims or Clients |
| Shelter – Homeless                          | Other (specify): _____                |