Date: ___/___/_____

Flags: ☐ Homeless ☐ High Risk

Living In Freedom Together (LIFT)

Commercial Sexual Exploitation Concerns Referral Form

Please complete and return this form to LIFT at:

Mail: Living in Freedom Together 34 Cedar Street #301Worcester MA 01609

Fax: (774) 762-9620; **E-mail:** audra@liftworcester.org

If you have additional questions or concerns, please call: (774) 243-6025

Demographic Information for Participant

Full Name: _____ **DOB:** ___/___/_____
Last Name First Name

Address: _____ ☐ Homeless

Gender Identity: _____ **Sexual Orientation:** _____

Pronouns: ☐ *She/her/hers* ☐ *He/him/his* ☐ *They/them/theirs* ☐ *Zie/zir/zirs* ☐ *Other:* _____

Race: ☐ *White* ☐ *Black* ☐ *Hispanic/Latinx* ☐ *Asian* ☐ *Native Hawaiian/Pacific Islander* ☐ *American Indian/Alaskan Native*
☐ *Other:* _____

Ethnicity: _____ **Primary Language:** _____ **Preferred Language:** _____

Phone #: _____ ☐ Safe to call ☐ Safe to leave message ☐ Text only

Emergency Contact: _____ **Phone #:** _____
☐ Parent ☐ Sibling ☐ Friend ☐ Partner/SO ☐ Other: _____

Marital Status: ☐ Single ☐ Relationship ☐ Married/Partnership ☐ Separated ☐ Divorced ☐ Widowed
☐ Other: _____

Source of Inc.: ☐ None ☐ Welfare/TANF ☐ SNAP ☐ EAEDC ☐ SSI/SSDI ☐ Prostitution
☐ Employment: _____ ☐ Other: _____

Highest Education: ☐ None ☐ K-12: _____ ☐ HS Diploma/GED ☐ Currently in school: _____
☐ College: _____ ☐ Certificate Program ☐ Other: _____

Insurance: _____ **Up to date?** ☐ Yes ☐ No

PCP: _____ **PCP/Provider Phone #:** _____

Risk Assessment

High Risk: ☐ Yes ☐ No
Risk Score: _____

If completing on behalf of self, read questions as "Do you/Have you…"
If completing on behalf of participant, "Do they/Have they…"

1. Do you have sex in exchange for drugs/money/shelter/clothes/food? ☐ **Yes** ☐ **No** ☐ **Hx**
   Gender of Buyers: _____ **Race of Buyers:** _____
2. Do you drink or use drugs habitually? ☐ **Yes** ☐ **No** ☐ **Hx**
   Type: ☐ **Alcohol** ☐ **Drugs:** _____
3. Have you recently (in the past week)…
   …experienced physical or sexual violence? ☐ **Yes** ☐ **No** ☐ **Hx**
   …been on any bad dates? ☐ **Yes** ☐ **No**
   Please explain: _____
4. Have you recently been released from jail? **When:** _____ ☐ **Yes** ☐ **No**
5. Do you feel controlled or threatened by a buyer or someone close to you? ☐ **Yes** ☐ **No** ☐ **Hx**

Date: ___/___/_____

Referral Source

Referral Source:

Name: _____ Agency: _____

Primary Phone #: _____ Alternate Phone #: _____

Address: _____

_____

Has participant disclosed they are a victim of CSE? ☐ Yes ☐ No

Indicate risk factors for CSE that the participant presents with:

- ☐ DCF involvement
- ☐ Suicidal ideation
- ☐ Homelessness
- ☐ Signs of substance abuse
- ☐ History of abuse/trauma
- ☐ Lack of valid identification
- ☐ Severe mental health concerns
- ☐ Physical signs of abuse (unexplained bruises, black eye, cuts, marks, etc.)
- ☐ Concerns about reproductive/ sexual health (multiple STI's, pregnancies, abortions)
- ☐ Justice system involvement or criminal history

Please provide brief description of your concerns:

_____

_____

_____

_____

_____

_____

_____

Consent

I, _____ , myself or legal guardian of _____ , give consent to
Participant/Guardian Name — Participant Name

Living in Freedom Together to meet with and conduct an assessment of _____.
Participant Name

_____ _____

Printed Name of Participant / Guardian — Signature of Participant / Guardian

To set up INTAKE, please contact:

☐ Participant ☐ Referral source at _____
Contact Information

Living in Freedom Together
Empowering and Elevating Survivors