Date: ___/___/________

What is Jana's Place

Jana's Place is a 15-bed residential treatment program for female survivors of commercial sexual exploitation with co-occurring SUD and moderate to severe mental health disorders.

Our treatment model is unique as it does not treat SUD or MHD in a vacuum. Instead our approach is holistic and comprehensive with survivor-led programming and participant-centered recovery plans. Additionally, Jana's Place assists participants in achieving long-term recovery through programming that works to reduce several barriers that participants may face after their time at Jana's Place. Barriers to gainful employment, housing, and health care are addressed by providing job-skills training, professional and life-skills development, and onsite medical care facilities. Jana's Place is where survivors will begin to heal, feel empowered to participate in their recovery, and build the social connections and support systems critical to long-term recovery.

What to complete for a referral?

- The attached referral form
- A biopsychosocial that has been completed within the last 30 days

What happens next:

- Somebody will reach out within 72 hours to discuss next steps and a more detailed program overview

Date: ___/___/________

Living In Freedom Together (LIFT)

Jana's Place Referral Form

Please complete and return this form to LIFT with a current biospychsocial at:

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

Fax: (774-642-6572)

If you have additional questions or concerns, please call 508-471-5868 or email Caitlyn Watt at caitlyn@liftworcester.org

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: __________

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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 #:** ______________

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Referral Source

Referral Source:

Name: ______________ Agency: ______________

Primary Phone #: ______________ Alternate Phone #: ______________

Best time to reach you? ______________ Email Address: ______________

Address: ______________________________

Living in Freedom Together
Empowering and Elevating Survivors

Date: ___/___/________

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

Has the participant experienced any of the following in the past 3 months?

- ☐ **An inpatient psychiatric hospitalization**
- ☐ **2 ER visits or ESP visits**
- ☐ **Unsuccessful engagement and or inability to succeed in other community-based services based on psychosocial and clinical complexity relations to substance and or mental health disorders.**

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

Why Jana's Place? And Why Now? :

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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 with ____________________.

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