



# The Refuge

*A place of rest and restoration for child survivors of sex trafficking*

**The Refuge for DMST**  
**CONFIDENTIAL**

## Intake Form

Please provide the following information and answer the questions below. Please note that information you provide here is protected as confidential information.

Today's Date: \_\_\_\_\_

Youth Name: \_\_\_\_\_

Last

First

Middle Initial

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Race/Ethnicity: \_\_\_\_\_

Gender:  Male  Female Gender Identification:  Male  Female  Other: \_\_\_\_\_

Preferred Religion: \_\_\_\_\_

Primary Language: \_\_\_\_\_ Secondary Language: \_\_\_\_\_

### Responsible Party/ Parent Information

E-mail Address: \_\_\_\_\_ I'd like to receive correspondence via: e-mail/text/phone

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone #: (\_\_\_\_) \_\_\_\_\_ Cell #: (\_\_\_\_) \_\_\_\_\_ Work #: (\_\_\_\_) \_\_\_\_\_

Billing Address: \_\_\_\_\_  
\_\_\_\_\_

(Street)

(City)

(State)

(Zip)

Social Security #: \_\_\_\_\_ Employer: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

### Primary Medical Insurance Information

Subscriber: \_\_\_\_\_ Insurance Company: \_\_\_\_\_

Plan Type: \_\_\_\_\_ Claims Address: \_\_\_\_\_

Policy ID: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Patient ID: \_\_\_\_\_ Phone: \_\_\_\_\_

Group #: \_\_\_\_\_ Patient's PCP: \_\_\_\_\_

Primary Co-Pay Amount \$ \_\_\_\_\_ Effective Dates: \_\_\_\_\_

Specialty Co-Pay Amount \$ \_\_\_\_\_

**Secondary Medical Insurance Information**

Subscriber: \_\_\_\_\_ Insurance Company: \_\_\_\_\_

Plan Type: \_\_\_\_\_ Claims Address: \_\_\_\_\_

Policy ID: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Patient ID: \_\_\_\_\_ Phone: \_\_\_\_\_

Group #: \_\_\_\_\_ Patient's PCP: \_\_\_\_\_

Primary Co-Pay Amount \$ \_\_\_\_\_ Effective Dates: \_\_\_\_\_

Specialty Co-Pay Amount \$ \_\_\_\_\_

**Trafficking History:**

Has the youth been identified as a victim of sex trafficking? Yes [ ] No [ ]

If yes, by whom: \_\_\_\_\_

Name

Contact Information

*After completing this referral form, please note any and all information known related to her trafficking case on a separate sheet of paper. Please include where, when, and how long she was trafficked. Also, note any other known abuse prior being trafficked.*

What stage of change do you believe the youth to be in? (See 6 Stages of Change)

Precontemplation      Contemplation      Preparation      Action      Maintenance      Relapse

Is location of trafficker known? Yes [ ] No [ ]

If yes, explain:

\_\_\_\_\_  
\_\_\_\_\_

Do you know if she identifies as a victim/survivor of sex trafficking? Explain.

\_\_\_\_\_  
\_\_\_\_\_

Current location of survivor: \_\_\_\_\_

Length of time in this location: \_\_\_\_\_

Is she stable and safe where she is located? Explain.

\_\_\_\_\_  
\_\_\_\_\_



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How long can she stay in this location (in the event that we have a waiting list)? Explain.

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List all current and previous placements in the last year and reasons for leaving.

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Any known mental health issues (Any and all diagnoses – panic attacks, depression, etc.) or safety concerns? Explain. (Provide a copy of any and all psychological evaluation(s).)

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Does she have any known developmental disabilities or special needs? IEP?

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Does she have a history of self-harm or suicidal ideation? Explain.

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Does she have a history of harming others? Pets? Setting fires? Explain.

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Any known health (diabetes, etc.) or contagious disease (TB, etc.) concerns we should be made aware of?

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Do you know if her pimp used drugs as a form of control?      Yes [ ]      No [ ]      Unknown [ ]

Does she have a drug addiction that would cause her to need detoxification prior coming to The Refuge for DMST? (We are not a healthcare or drug rehabilitation facility.) Explain.

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Any known threats of violence or retaliation by their traffickers/family/significant others?

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Do you know if she was a bottom girl or if she recruited or has shown interest in recruiting others into “the life?”

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Is she a flight risk? Please explain.

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What are her safety and security needs?

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**Social History:**

Past and existing relationships with youth’s birth parents, siblings, extended family members, and other significant adults and youth, and the quality of those relationship with the youth:

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Description of her home environment and family functioning:

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Her birth and neonatal history:

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Youth's developmental history:

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Youth's mental health and substance abuse history:

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Education (names of previous schools attended, dates the schools were attended, grades earned and special achievements):

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History of any other placements outside her home, including the admission and discharge dates and reasons for placement:

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Criminal history:

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Skills and special interests:

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**Medical and Dental Treatment:**

Current medical and dental status, including the available results of any medical or dental examinations:

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Current mental health and substance abuse status, including available results of any psychiatric evaluation, psychological evaluation, or psychosocial assessment:

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Youth's current development level of functioning:

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Her current educational level, and any school problems:

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Medication she is currently taking:

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Immunization record:

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Allergies, such as food, medication, sting, and skin allergies:

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Chronic health conditions, such as asthma or diabetes:

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**Known Behavior Intervention:**

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Youth's treatment needs, if applicable, and any additional treatment services or programmatic services the youth is receiving:

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Youth's high-risk behavior(s), if applicable, and the safety plan staff and caregivers will implement related to the behavior:

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Copy of placement agreement: \_\_\_\_\_ YES    \_\_\_\_\_ NO

Documentation of the attempt to notify the parent of the youth's location:

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Names, addresses and telephone number of siblings:

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Additional information:

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**Referring Agency:**

- Person completing this form: \_\_\_\_\_
- Agency name: \_\_\_\_\_
- City, state: \_\_\_\_\_
- Contact name: \_\_\_\_\_
- Role: \_\_\_\_\_
- Email: \_\_\_\_\_
- Phone number: \_\_\_\_\_
- Days/times we can call about referral: \_\_\_\_\_

**Instructions:** Please complete this Intake Referral Form in its entirety to assist us in providing a quick response. Upon completion, please submit the form to [intake@therefugedmst.org](mailto:intake@therefugedmst.org). The Refuge for DMST will respond to your referral within 24-48 hours from receipt. Overnight and weekend submissions may take longer. If you have an immediate question or concern, or would like assistance in completing this form, please contact our Intake Referral Line at 512-806-0560.

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