



One More Child Referral Form

Serving victims & suspected victims of Commercial Sexual Exploitation & Sex Trafficking Aged 10-28

Please email to OMC-AT-Circuit10@onemorechild.org

All referrals will be responded to during business hours.

If you are sending this referral outside of business hours and it is an emergency, please send by email & call our emergency hotline to speak with an on-call team member.

Crisis Hotline – 863.255.5351

County (check one): Hardee Highlands Polk

Date:

Name of Referring Agency:

Inquirer Name:

Inquirer Phone Number:

Inquirer Email:

Name of Client:

Address:

Client Phone #:

Alternative Contact #:

Client DOB:

Client Age:

Client SSN:

Disability:

Biological Sex:

Preferred Gender:

Race (check One):

Caucasian (White) Hispanic Black Asian American Indian Other:

Teen / Youth Caregiver Name:

Phone #:

Relationship to Client:

Client Primary Language:

Caregiver Primary Language:

Presenting Concerns: History of running away Indicators of sex trafficking Arrest
 Sexual Acts in Exchange for Anything of Value DCF Verified HT Victim Defiant
 Physically aggressive Domestic Violence Substance Misuse Baker act

Description of Presenting Concern:

Previous/ Current Mental Health Diagnosis:

Previous/ Current Treatment:

Pervious Therapist/Clinician Name:

Previous Therapist/Clinician #:

Medications:

Other Agency Involvement:

Please forward a copy of the Human Trafficking Screening Tool with referral.

DCF Case #:

CPI Name:

CPI Contact #:

Case Manager Name:

Case Manager Contact #:

Case Manager Agency:

Case Manager Email:

MDT Date:

MDT Time:

Date of Arrest:

Crime/Charge:

Case Status:

Defense Attorney Name:

Defense Attorney Contact #:

Defense Attorney Email:

JPO/PO Name:

JPO/PO Contact #:

JPO/PO Email:

Law Enforcement Agency:

Suspect Case Number:

Detective Name:

Detective Contact #:

Prosecutor Name:

Victim Advocate Name:

Victim Advocate #:

Victim Advocate Email:

Case Status:

Services Needed for Client:

Crisis Intervention Accompaniment-Court
 Transportation HT or CSEC Education Survivor Mentoring
 Counseling Shelter / Lodging Career Services

Briefly state the two primary needs of the client and the reason for referring to One More Child:

- 1.
- 2.

Additional Notes: