



## One More Child Referral Form

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

Please email to [OMC-AT-Circuit18@onemorechild.org](mailto:OMC-AT-Circuit18@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 – 321.693.6596***

County (check one):  Brevard  Seminole

Date:

Name of Referring Agency:

Inquirer Name:

Inquirer Phone Number:

Inquirer Email:

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**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:

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**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:**