

**Data Collection Forms: Client Management  
Trafficking Population Form**



*One form per client. Please fill out as many fields as possible.  
Fields marked with an asterisk (\*) are required.*

**\*Client ID:** \_\_\_\_\_

**Client Intake Information**

**\*Intake Date:** \_\_\_\_\_

**\*Case Manager:** \_\_\_\_\_

Secondary Case Manager: \_\_\_\_\_

Case Name: \_\_\_\_\_

Is this client a child of another client, or a derivative family member?      Yes      No

If this is a client's child, please include the parent's client ID: \_\_\_\_\_

**Client Demographics**

**\*Gender of Client (select one):**      Female      Male      Transgender

Client Date of Birth (if known): \_\_\_\_\_

**\*Is this client a minor?**      Yes      No

**\*Country where client has citizenship:** \_\_\_\_\_

Is this client a Lawful Permanent Resident (LPR)?      Yes      No

Immigration status upon entry to the United States (select one):

- |                               |                                |
|-------------------------------|--------------------------------|
| Marriage Visa (K Visa)        | Religious Worker Visa (R Visa) |
| Student Visa (F or M Visa)    | Out of Status                  |
| Temporary Work Visa (H Visa)  | False Documents                |
| Visitor/Tourist Visa (B Visa) | No Documentation               |
| Diplomatic Visa (A or G Visa) | Other (specify): _____         |

Primary Language Spoken: \_\_\_\_\_

Translator/Interpreter (select one):

- No assistance needed
- Needs assistance with spoken English
- Needs assistance with written English
- Needs assistance with spoken and written English

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Trafficking Population Form**



**One form per client. Please fill out as many fields as possible.  
Fields marked with an asterisk (\*) are required.**

**\*Client ID:** \_\_\_\_\_

**Trafficking Information**

Is this client associated with an established investigation or prosecution? (select one):

- Yes (Federal level)
- Yes (State level)
- No

**\*Primary Type of Trafficking (pick one):**

- Sex                      Sex and Labor
- Labor                    Unknown

Primary Type of Trafficking Exploitation (select one):

- |                              |                          |
|------------------------------|--------------------------|
| Commercial Cleaning Services | Healthcare               |
| Commercial Food Production   | Manufacturing            |
| Construction                 | Pornography Production   |
| Cosmetology/Beauty Services  | Prostitution             |
| Domestic Servitude           | Retail Sales             |
| Elder Care                   | Stripping/Exotic Dancing |
| Escort Service               | Transportation Service   |
| Field Labor                  | Other (specify): _____   |
| Herding/Livestock            |                          |

Setting of Trafficking (select one):

- |                        |                          |
|------------------------|--------------------------|
| Agricultural Field     | Office                   |
| Bar/Cantina            | Parking Lot              |
| Beauty Salon/Spa       | Residential Private Home |
| Brothel                | Residential Group Home   |
| Bus Station/Truck Stop | Restaurant               |
| Casino                 | Retail Business          |
| Construction Site      | Street                   |
| Factory/Manufacturing  | Strip Club               |
| Hotel/Motel            | Other (specify): _____   |
| Massage Parlor         |                          |

## Data Collection Forms: Client Management Trafficking Population Form



***One form per client. Please fill out as many fields as possible.  
Fields marked with an asterisk (\*) are required.***

**\*Client ID:** \_\_\_\_\_

How was this client referred to your OVC Project? (select one):

- |  |   |
|--|---|
| Attorney   | Mental Health/Substance Abuse Treatment Providers |
| Civic/Business Community                             | Providers   |
| Community-based Providers                            | National Human Trafficking Resource Center        |
| Concerned Citizen                                    | Other Client/Victim                               |
| Consulate  | Probation/Parole                                  |
| Faith-based Organizations/Religious                  | Prosecutors                                       |
| Family Member  | Schools/Educational Institutions                  |
| Federal Agencies Other Than Law Enforcement          | Self/Word of Mouth                                |
| Federal Law Enforcement                              | Street Outreach                                   |
| Friend   | Trade/Professional Affiliation Associations       |
| Housing/Shelter                                      | Victim Service Providers                          |
| Immigrant/Ethnic Service Providers                   | Vision/Dental Providers                           |
| Legal Providers                                      | Other (specify): _____                            |
| Legislators/Lawmakers                                |   |
| Local Government Agencies Other Than Law Enforcement |   |
| Medical/Public Health Providers                      |   |

**Data Collection Forms: Client Management  
Funding & Case Closure**



*One form per client. Please fill out as many fields as possible.  
Fields marked with an asterisk (\*) are required.*

**\*Funding**

\*Client ID: \_\_\_\_\_

\*Grant Assigned: \_\_\_\_\_

\*Assignment Date: \_\_\_\_\_ Reassignment Date: \_\_\_\_\_

Second Grant Assigned (if applicable): \_\_\_\_\_

Assignment Date: \_\_\_\_\_ Reassignment Date: \_\_\_\_\_

**\*OVC-Eligibility Information (fill in date for each of the criteria for the applicable grant):**

Services to Victims of Human Trafficking grant

Date determined as a victim of trafficking as defined by the TVPA: \_\_\_\_\_

Date adult victim agreed to cooperate with requests from law enforcement OR date determined as a minor: \_\_\_\_\_

Date determined citizenship permissible on grant: \_\_\_\_\_

Date OVC approved exception for any of the above criteria: \_\_\_\_\_

Services to Domestic Minor Victims of Human Trafficking grant

Date determined as a victim of trafficking as defined by the TVPA: \_\_\_\_\_

Date determined victim is a U.S. citizen or lawful permanent resident (LPR): \_\_\_\_\_

Date determined that victim is/was a minor: \_\_\_\_\_

Date OVC approved exception for any of the above criteria: \_\_\_\_\_

Enhanced Collaborative Model grant

Date determined as a victim of trafficking as defined by the TVPA: \_\_\_\_\_

Date adult victim agreed to cooperate with requests from law enforcement OR date determined as a minor: \_\_\_\_\_

Date OVC approved exception for any of the above criteria: \_\_\_\_\_

## Data Collection Forms: Client Management Funding & Case Closure



*One form per client. Please fill out as many fields as possible.  
Fields marked with an asterisk (\*) are required.*

### \*Case Closure

**\*Date Case Closed:** \_\_\_\_\_

**\*Reason for Case Closure (select one):** \_\_\_\_\_

Client became certified

Client completed program

Client LPR status approved

Client did not return after initial intake

Client is not a victim of trafficking as defined in the TVPA

Client does not agree to cooperate with law enforcement

Client is not a foreign national

Client chooses to no longer work with organization

Client has repatriated

Client has moved out of service jurisdiction

Client has returned to trafficker(s)

Client is not a U.S. citizen or LPR

Client has aged out of program

Client transferred to another OVC service provider (specify): \_\_\_\_\_

Other (specify): \_\_\_\_\_

## Data Collection Forms: Client Management Client Service Provision



*One form per client. Fields marked with an asterisk (\*) are required.*

\*Client ID: \_\_\_\_\_

\*Grant: \_\_\_\_\_ \*Month/Year of Services: \_\_\_\_\_

	*Date of Service	*# of Units	*Service Provider	*Date of Service	*# of Units	*Service Provider	*Date of Service	*# of Units	*Service Provider
<b>Time Service Provision (1 unit = 15 Minutes)</b> <i>See Service Provision Chart in User Guide for more detail</i>									
Client Intake									
Client Orientation									
Crisis Intervention or 24-Hour Hotline									
Criminal Justice System-based Victim Advocacy									
Emotional/Moral Support									
Employment Assistance									
Family Reunification									
Housing/Shelter Advocacy									
Legal Services									
Ongoing Case Management									
Protection/Safety Planning									
Repatriation									
Social Service Advocacy/Explanation of Benefits									

## Data Collection Forms: Client Management Client Service Provision



*One form per client. Fields marked with an asterisk (\*) are required.*

\*Client ID: \_\_\_\_\_

	*Date of Service	*# of Units	*Service Provider	*Date of Service	*# of Units	*Service Provider	*Date of Service	*# of Units	*Service Provider
<b>Incident Services Provision</b> (1 unit = 1 Incident) <i>See Service Provision Chart in User Guide for more detail</i>									
Child Care									
Dental (Emergency/ Long-Term)									
Education									
Housing/Rental Assistance									
Interpreter/Translator									
Medical (Emergency/ Long-Term)									
Mental Health Service									
Substance Abuse Treatment									
Transportation									
Other (specify):									
<b>Other Units of Measurement</b> <i>See Service Provision Chart in User Guide for more detail</i>									
<b>Financial Assistance</b> (1 unit equals \$1)									
<b>Personal Items</b> (1 unit equals 1-10 items of clothing, 1 trip to clothing bank, 1 day of meals, or 1 use of laundry or shower facilities)									
<b>Notes:</b>									

**Data Collection Forms: Client Management  
 Client Immigration Status**



*One form per client. Please fill out as many fields as possible.  
 Fields marked with an asterisk (\*) are required.*

\*Client ID: \_\_\_\_\_

Funding Grant: \_\_\_\_\_

Current Immigration Status (select one):

- |                              |                                |                        |
|------------------------------|--------------------------------|------------------------|
| Marriage Visa (K Visa)       | Visitor/Tourist Visa (B Visa)  | Out of Status          |
| Student Visa (F or M Visa)   | Diplomatic Visa (A or G Visa)  | False Documents        |
| Temporary Work Visa (H Visa) | Religious Worker Visa (R Visa) | No Documentation       |
|                              |                                | Other (specify): _____ |

Current Certification Status (select one):      Precertified      Certified

**Immigration Actions Taken for Trafficking Victims (please fill in relevant dates):**

<b>Continued Presence</b>	Date Requested by Advocate:	
	Date Granted:	
	Date Renewed:	
	Date Denied:	
<b>Certification</b>	Date Process Began:	
	Date Granted:	
	Date Denied:	
<b>Law Enforcement Authorization for Visa</b>	Date Sought:	
	Date Granted:	
	Date Denied:	
<b>T-Visa Application</b>	Date Filed:	
	Date Granted:	
	Date Denied:	
<b>U-Visa Application</b>	Date Filed:	
	Date Granted:	
	Date Denied:	
<b>Other Immigration Relief</b>	Date Filed:	
	Date Granted:	
	Date Denied:	
<b>Other Action Taken (specify):</b>	Date Acted:	
	Date Granted:	
	Date Denied:	



## Data Collection Forms: Client Management Housing Information



*One form per client. Please fill out as many fields as possible.  
Fields marked with an asterisk (\*) are required.*

**\*Client ID:** \_\_\_\_\_

**\*Emergency Housing**

**\*Funding Grant:** \_\_\_\_\_

**\*Date Placed:** \_\_\_\_\_ Date Exited: \_\_\_\_\_

Location (select one):

- |   |                                       |
|---|---------------------------------------|
| Hotel/Motel                                 | Shelter – Men                         |
| Living Independently in a Home or Apartment | Shelter – Women                       |
| Living With Friends or Family               | Shelter – Youth                       |
| Shelter – Children                          | Shelter – Trafficking Victims         |
| Shelter – DV                                | Staying With Other Victims or Clients |
| Shelter – Homeless                          | Other (specify): _____                |

**\*Transition Housing**

**\*Funding Grant:** \_\_\_\_\_

**\*Date Placed:** \_\_\_\_\_ Date Exited: \_\_\_\_\_

Location (select one):

- |   |                                       |
|---|---------------------------------------|
| Hotel/Motel                                 | Shelter – Men                         |
| Living Independently in a Home or Apartment | Shelter – Women                       |
| Living With Friends or Family               | Shelter – Youth                       |
| Shelter – Children                          | Shelter – Trafficking Victims         |
| Shelter – DV                                | Staying With Other Victims or Clients |
| Shelter – Homeless                          | Other (specify): _____                |

**\*Long-Term Housing**

**\*Funding Grant:** \_\_\_\_\_

**\*Date Placed:** \_\_\_\_\_ Date Exited: \_\_\_\_\_

Location (select one):

- |   |                                       |
|---|---------------------------------------|
| Hotel/Motel                                 | Shelter – Men                         |
| Living Independently in a Home or Apartment | Shelter – Women                       |
| Living With Friends or Family               | Shelter – Youth                       |
| Shelter – Children                          | Shelter – Trafficking Victims         |
| Shelter – DV                                | Staying With Other Victims or Clients |
| Shelter – Homeless                          | Other (specify): _____                |

**Data Collection Form:  
Collaborative Partners**



*Please fill out as many fields as possible.  
Fields marked with an asterisk (\*) are required.*

**\*Partner Organization Name:** \_\_\_\_\_

**\*Partner Type (select one):**

Key Partner

Informal Partner

**\*Select the Category That Best Describes This Partner (select one):**

Advocacy/Awareness Group or Organization

Mental Health/Substance Abuse Treatment

Civic/Business Community

Providers

Community Center or Coalition

Prosecutors

Embassy or Consulate

Schools/Educational Institutions

Faith-based Organizations/Religious Institutions

Social Services Provider

Federal Agencies Other Than Law Enforcement

State and Local Government Agencies Other

Federal Law Enforcement

Than Law Enforcement

Financial Institutions

State/Local Law Enforcement

Housing/Shelter

Task Force

Immigrant/Ethnic Service Providers

Trade/Professional Affiliation Associations

Legal Providers

Victim Service Providers

Legislators/Lawmakers

Vision/Dental Providers

Media Outlet

Youth Services Provider

Medical/Public Health Providers

Other (specify): \_\_\_\_\_

**\*Date partner first began to work with the OVC Project:** \_\_\_\_\_

**Data Collection Forms: Organizational Activity  
Community Outreach**



Please fill out as many fields as possible. *Fields marked with an asterisk (\*) are required.*

**\*Activity Date:** \_\_\_\_\_

**\*Funding Grant:** \_\_\_\_\_

**\*Primary Outreach Organization (OVC Grantee or Partner Organization):** \_\_\_\_\_

Secondary Outreach Organization (if applicable: OVC Grantee or Partner Organization): \_\_\_\_\_

**\*Type of Outreach Activity (select one):**

- |   |                                    |
|---|------------------------------------|
| Billboards/Posters                      | Walk/Run Event                     |
| Direct/Street Outreach                  | Fundraising Event                  |
| Flyers/Brochures/Quick Reference Guides | Conference                         |
| Newspaper Article                       | Community Event/Forum/Meeting      |
| Panel Discussion                        | Discussion/Lecture                 |
| Public Service Announcement             | Volunteer Interest Training        |
| Radio/TV Interview                      | Online Communication/Campaign/Blog |
| Table/Booth Display                     | Other (specify): _____             |
| Awareness Presentation                  |                                    |

Target Audience: \_\_\_\_\_

Location of Activity: \_\_\_\_\_

Duration of Activity (in minutes): \_\_\_\_\_

Number of Materials Shared: \_\_\_\_\_

Description of Materials Shared: \_\_\_\_\_

OMB# 1121-0336  
Date of Expiration:  
March 31, 2015

## Data Collection Forms: Organizational Activity Technical Assistance



*Please fill out as many fields as possible.  
Fields marked with an asterisk (\*) are required.*

\* **Activity Date:** \_\_\_\_\_

\* **Funding Grant:** \_\_\_\_\_

\* **Primary Training Organization (OVC Grantee or Partner Organization):** \_\_\_\_\_

Secondary Training Organization (if applicable: OVC Grantee or Partner Organization): \_\_\_\_\_

\* **Requesting Organization:** \_\_\_\_\_

\* **Requesting Organization Type (select one):**

Advocacy/Awareness Group or Organization

Civic/Business Community

Community Center or Coalition

Embassy or Consulate

Faith-based Organizations/Religious Institutions

Federal Agencies Other Than Law Enforcement

Federal Law Enforcement

Financial Institutions

Immigrant/Ethnic Service Providers

Legal Providers

Victim Service Providers

Legislators/Lawmakers

Media Outlet

Medical/Public Health Providers

Mental Health/Substance Abuse Treatment Providers

Prosecutors

Schools/Educational Institutions

Social Service Providers

Legislators/Lawmaker

State and Local Government Agencies Other than Law Enforcement

State and Local Law Enforcement

Trade/Professional Affiliation Associations

Task Force

Victim Service Providers

Vision/Dental Providers

Youth Service Providers

Other (specify): \_\_\_\_\_

Case Consultation Hours: \_\_\_\_\_

General Information Hours: \_\_\_\_\_

Information on Services Hours: \_\_\_\_\_

Other Assistance Hours: \_\_\_\_\_

**Training Attendance Sheet**



*The purpose of this form is to document information about the attendees of each training event conducted by key partners within the OVC Initiative.*

In the "Type of Organization" column, please select from the following categories the one that best represents your organization.

- Fed Gov**—Federal Agencies Other Than Law Enforcement
- FLE**—Federal Law Enforcement
- State/Local Gov**—State and Local Government Agencies Other Than Law Enforcement
- SLLE**—State/Local Law Enforcement
- VSP**—Victim Service Providers
- IESP**—Immigrant/Ethnic Service Providers
- Legal**—Legal Providers
- P**—Prosecutors
- MPHP**—Medical/Public Health Providers

- MHSA**—Mental Health/Substance Abuse Providers
- FBO**—Faith-based Organizations/Religious Institutions
- HS**—Housing/Shelter
- L**—Legislators/Lawmakers
- Biz**—Civic/Business Community
- SEI**—Schools/Educational Institutions
- VD**—Vision/Dental Providers
- TPAA**—Trade/Professional Affiliation Associations
- O**—Other (Specify)

<b>Training Title:</b>			
<b>Funded by Grant ID/Number:</b>			
<b>Primary Organization Providing Training:</b>			
<b>Training Date:</b> _____ (mm/dd/yyyy)			
Attendee Name	Organization	Organization Type	Contact Information (address, phone number, e-mail)



## Data Collection Forms: Organizational Activity Training



*Please fill out as many fields as possible.  
Fields marked with an asterisk (\*) are required.*

\*Funding Grant: \_\_\_\_\_

\*Training Date: \_\_\_\_\_

\*Primary Training Organization (OVC Grantee or Partner Organization): \_\_\_\_\_

Secondary Training Organization (if applicable: OVC Grantee or Partner Organization): \_\_\_\_\_

\*Training Title: \_\_\_\_\_

Duration (in hours): \_\_\_\_\_

Was this training evaluated? (select one):  Yes  No

Topics (select all that apply):

- |   |  |
|---|--|
| Collaboration and Building Multidisciplinary Relationships        | Procedures for Reporting HT Victims                |
| Culturally and Linguistically Appropriate Services for HT Victims | Techniques for Screening/Interviewing HT Victims   |
| Definition of Human Trafficking                                   | Health and Trauma Consequences of HT               |
| Global Dimensions of Human Trafficking                            | Local/Regional Dimensions of Human Trafficking     |
| Identification of HT Victims                                      | Services Available to Victims of Human Trafficking |
| Legal Assistance for HT Victims                                   | Corporate Social Responsibility                    |
| Faith Response to Human Trafficking                               | Risk Factors for Human Trafficking                 |
| Activism on Human Trafficking                                     | Other (specify): _____                             |
| Volunteer Training  |  |

Target Audience (please enter the number of attendees for each category):

- |  |  |
|--|--|
| Advocacy/Awareness Group or Organization         | Mental Health/Substance Abuse Treatment Providers              |
| Civic/Business Community                         | Prosecutors  |
| Community Center or Coalition                    | Schools/Educational Institutions                               |
| Embassy or Consulate                             | Social Service Providers                                       |
| Faith-based Organizations/Religious Institutions | Legislators/Lawmakers  |
| Federal Agencies Other Than Law Enforcement      | State and Local Government Agencies Other Than Law Enforcement |
| Federal Law Enforcement                          | State and Local Law Enforcement                                |
| Financial Institutions                           | Trade/Professional Affiliation Associations                    |
| Housing/Shelter                                  | Task Force   |
| Immigrant/Ethnic Service Providers               | Victim Service Providers                                       |
| Legal Providers                                  | Vision/Dental Providers  |
| Legislators/Lawmakers                            | Youth Service Providers  |
| Media Outlet                                     | Other (specify): _____   |
| Medical/Public Health Providers                  |  |