

**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 Name:** \_\_\_\_\_

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

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

Is this client an eligible family member? Yes No If so, note the principal client's ID: \_\_\_\_\_

**Client Demographics**

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

Does the client identify as LGBTQ? Yes No

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

**\*Is this client a minor at intake?** 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)         | Violence Against Women Act (VAWA)      |
| Student Visa (F or M Visa)     | Victims of Criminal Activity (U1 Visa) |
| Temporary Work Visa (H Visa)   | U Derivative Visa (U2—U5)              |
| No Documentation               | Human Trafficking Visa (T1 Visa)       |
| Visitor/Tourist Visa (B Visa)  | T Derivative Visa (T2—T6)              |
| Diplomatic Visa (A or G Visa)  | Asylee                                 |
| Out of Status                  | Refugee                                |
| Religious Worker Visa (R Visa) | Other (specify): _____                 |
| False Documents                |  |

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

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

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Translator/Interpreter (select one):

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

Race/Ethnicity

- |                           |                                     |
|---------------------------|-------------------------------------|
| White or Caucasian        | American Indian or Alaska Native    |
| Hispanic or Latino        | Native Hawaiian or Pacific Islander |
| Black or African American | Bi-racial or Multi-racial           |
| Asian American            | Other                               |

**Trafficking Information**

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

- |     |               |       |         |
|-----|---------------|-------|---------|
| Sex | Sex and Labor | Labor | Unknown |
|-----|---------------|-------|---------|

Primary Type of Trafficking Exploitation:

- |                             |                   |                          |
|-----------------------------|-------------------|--------------------------|
| Child Care/Day Care         | Escort Service    | Prostitution             |
| Cleaning Services           | Field Labor       | Restaurant/Food Services |
| Construction/Landscaping    | Healthcare        | Retail Sales             |
| Cosmetology/Beauty Services | Herding/Livestock | Servile Marriage         |
| Domestic Servitude          | Manufacturing     | Stripping/Exotic Dancing |
| Drug Trafficking/Dealing    | Panhandling       | Transportation Services  |
| Elder Care                  | Pornography       |                          |

Setting of Trafficking:

- |                         |                        |                       |
|-------------------------|------------------------|-----------------------|
| Agricultural Field/Farm | Bus Station/Truck Stop | Factory/Manufacturing |
| Apartment Complex       | Caregiving Facility    | Group Home            |
| Bar/Cantina             | Carnival/Circus        | Hospital/Clinic       |
| Beauty Salon/Spa        | Casino                 | Hotel/Motel           |
| Brothel                 | Construction Site      | Massage Parlor        |

*(continued on next page)*

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

Office	Public/Private School	Street
Parking Lot	Restaurant	Strip Club
Private Home	Retail Business	Other

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

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

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

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

**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):**

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

Date OVC approved exception for 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 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 did not return after initial intake

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

Client became certified

Client completed program

Client LPR status approved

Client eligible for another grant

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:** \_\_\_\_\_

<b>Service</b>	<b>*Date of Service</b>	<b>*# of Units</b>	<b>*Service Provider</b>
<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			
Ongoing Case Management			
Protection/Safety Planning			
Repatriation			
Social Service Advocacy/ Explanation of Benefits			
<i>Legal Services</i>			
Screening/General Consultation			
Family Law Services			
Immigration Legal Services			
Employment/Wage and Hour			
Victims' Rights/Criminal Justice Advocacy			
Public Benefits Law			
Expungement/Sealing of Criminal Records			
<b>Incident Services Provision (1 unit = 1 Incident)</b> <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>			
Financial Assistance (1 unit equals \$1)			
Personal Items (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 Service Provision**



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

**\*Client ID:**

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<b>Service</b>	<b>*Date of Service</b>	<b>*# of Units</b>	<b>*Service Provider</b>
<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			
Ongoing Case Management			
Protection/Safety Planning			
Repatriation			
Social Service Advocacy/ Explanation of Benefits			
<i>Legal Services</i>			
Screening/General Consultation			
Family Law Services			
Immigration Legal Services			
Employment/Wage and Hour			
Victims' Rights/Criminal Justice Advocacy			
Public Benefits Law			
Expungement/Sealing of Criminal Records			
<b>Incident Services Provision (1 unit = 1 Incident)</b> <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>			
Financial Assistance (1 unit equals \$1)			
Personal Items (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)        | Out of Status                     | U Derivative (U2-U5 Visa)       |
| Student Visa (F or M Visa)    | Religious Worker Visa (R Visa)    | Human Trafficking Visa (T Visa) |
| Temporary Work Visa (H Visa)  | False Documents                   | T Derivative Visa (T2-T6)       |
| No Documentation              | Violence Against Women Act (VAWA) | Asylee                          |
| Visitor/Tourist Visa (B Visa) | Victims of Crime (U Visa)         | Refugee                         |
| Diplomatic Visa (A or G Visa) |                                   | Other (specify): _____          |

Current Certification Status (select one):      Pre-certified      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                  |  |