

**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

**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:** _____

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
Time Service Provision (1 unit = 15 Minutes) <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
Incident Services Provision (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):									
Other Units of Measurement <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)									
Notes:									

**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):

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

Training Title:			
Funded by Grant ID/Number:			
Primary Organization Providing Training:			
Training Date: _____ (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
- Culturally and Linguistically Appropriate Services for HT Victims
- Definition of Human Trafficking
- Global Dimensions of Human Trafficking
- Identification of HT Victims
- Legal Assistance for HT Victims
- Faith Response to Human Trafficking
- Activism on Human Trafficking
- Volunteer Training

- Procedures for Reporting HT Victims
- Techniques for Screening/Interviewing HT Victims
- Health and Trauma Consequences of HT
- Local/Regional Dimensions of Human Trafficking
- Services Available to Victims of Human Trafficking
- Corporate Social Responsibility
- Risk Factors for Human Trafficking
- Other (specify): _____

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 | |