

**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: _____

**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.*

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)

**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:** _____

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:** _____

Service	*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			
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			
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 Service Provision**



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

***Client ID:**

Service	*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			
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			
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) | 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):

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 | 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 | |