

## Information Requested for Foreign Adult Human Trafficking Victims Seeking HHS Certification

HHS provides letters of certification and eligibility to foreign national victims of severe forms of human trafficking under the authority of the Trafficking Victims Protection Act of 2000, as amended, 22 U.S.C. Section 7105(b)(1)(C) and (E). This form can be used to provide information to obtain a Certification Letter from HHS. Certification is required for foreign adult victims of human trafficking in the United States to apply for federally funded benefits and services.

**Do not use this form for minors with Continued Presence or a T Nonimmigrant visa.** To obtain a HHS Eligibility Letter for a **foreign trafficking victim under 18 years of age**, contact [ChildTrafficking@acf.hhs.gov](mailto:ChildTrafficking@acf.hhs.gov) for assistance.

**This form is not an application. Use of this form is optional.** If you do not wish to use this form and would like to obtain a HHS Certification Letter, please contact a HHS Trafficking Specialist at 866-401-5510 or email [Trafficking@acf.hhs.gov](mailto:Trafficking@acf.hhs.gov).

### INSTRUCTIONS AND OVERVIEW FOR CERTIFICATION PROCESS

1. Please read entire form before completing it.
2. Fill out all sections that apply to the person who was trafficked.
3. Send the completed form and supporting documentation (e.g. T-1 Nonimmigrant Status (T-1 Visa)) to [Trafficking@acf.hhs.gov](mailto:Trafficking@acf.hhs.gov) with the subject line as "HHS Certification Request."
4. To further protect the confidentiality of the communication, you can transmit the form as a password-protected PDF and send the password in a separate email to [Trafficking@acf.hhs.gov](mailto:Trafficking@acf.hhs.gov).

To protect privacy, do not include personal information (e.g., name, alien number) about the victim in the subject line or body of the emails.

HHS will issue a Certification Letter after receiving the information provided in this form and the supporting document. If HHS needs additional information, a HHS representative will contact you.

**Questions?** Contact a HHS Trafficking Specialist at **866-401-5510** during regular business hours, Monday through Friday, 8:00 a.m. to 5:00 p.m. Eastern Time, or email [Trafficking@acf.hhs.gov](mailto:Trafficking@acf.hhs.gov).

The National Human Trafficking Hotline at 1-888-373-7888 is available 24 hours a day, 7 days a week for technical assistance and service referrals.

*THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13)*

*Public reporting burden for this collection of information is estimated to average .25 hours per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.*

## Section 1: Case Management/Requestor Information

Please complete Section 1 if you are the victim's case manager. If not, then go to Section 2.

### Case Manager's/Requestor's Name

Last First Middle

Title

Name of Agency/Organization

Phone Extension

Email

Address

City State Zip Code

I agree to receive the HHS Certification Letter and to provide it to the victim without delay upon receipt.

## Section 2: Referral for Case Management

HHS funds the Trafficking Victim Assistance Program (TVAP). TVAP provides case management services, including referrals and emergency assistance, for foreign national persons who have been trafficked and are seeking HHS Certification. It can also assist recipients of HHS Certification and certain family members with accessing federal and state benefits and services.

### Please indicate the victim's preference regarding access to TVAP services:

Yes, I would like to be connected with a TVAP provider.

No, I do not want to be connected with a TVAP provider at this time.

*If "yes" is selected above, please provide the city and state where the victim resides so that a case manager can be identified who is located near the victim.*

City State Zip Code

Please indicate to whom the Certification Letter should be mailed and the recipient's mailing address:

Victim Case Manager

Address

City State Zip Code

Please describe below any emergency needs (e.g., housing, medical care, or food) of the victim:

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### Section 3: Victim Information

**Victim's Initials**

**Alien Number**

**Country of Origin**

**Primary Language**

**Date of Birth (MM/DD/YYYY)**

**Sex of Victim**

**Type of Trafficking Experienced**

Male

Sex Trafficking

Female

Labor Trafficking

Both

Please submit with this form one of the following documents:

Continued Presence that has not been rescinded,  
Current T-1 Nonimmigrant Status, or  
Bona Fide T-1 Visa that has not been denied

**Preferred Certification Effective Date (MM/DD/YYYY):**

(Do not provide a date later than two weeks from the date of submission of this form.)

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## Important Notice Regarding Information Sharing

Please read the following information. If this form is not in the victim's primary language or if the victim is unable to read or understand the form, the representative should read and explain the form to them in his or her primary language or use a qualified interpreter to do so. This notification is intended to inform the victim of how the information provided will be used by HHS.

The Department of Health and Human Services (HHS) is a federal government agency that is responsible for identifying and assisting potential victims of human trafficking. HHS provides letters of certification and eligibility to foreign national victims of severe forms of human trafficking, making them eligible to receive federal and state benefits to the same extent as a refugee.

HHS provides letters of certification and eligibility to foreign national victims of severe forms of human trafficking under the authority of the Trafficking Victims Protection Act of 2000 (TVPA), as amended 22 U.S.C. Section 7105(b)(1)(C) and (E).

HHS will use the information collected in the HHS Certification form for one or more of the following purposes, and to comply with the TVPA:

1. To coordinate the delivery of a HHS Certification Letter to a foreign adult present in the United States who has been subjected to a severe form of trafficking in persons;
2. To refer a foreign adult victim of trafficking in the United States to a case manager to assist the person in obtaining needed benefits and services; and
3. To report aggregated data on trafficking victims assisted by HHS in federal reports and to the public.

HHS will not share any personally identifiable information such as the victim's name or alien number for reports or publicly available data sets. The information contained in the form may be disclosed for a legitimate law enforcement purpose, including in response to a discovery request or otherwise in the course of criminal or civil litigation. If you have any questions about this form, you may contact a HHS Trafficking Specialist at 866-401-5510 or [Trafficking@acf.hhs.gov](mailto:Trafficking@acf.hhs.gov).

The victim gives consent to share the information contained in the HHS Certification form as necessary for processing the request for certification and for reporting purposes. The victim acknowledges that they have been notified that their information will be used in federal reports or data that is available to the public in a way that does not disclose personally identifiable information and is generally reported in aggregate data.

By signing this form, you acknowledge that the victim has been informed that the information provided in this form might be shared with other federal agencies as part of aggregated data reporting, and with public and nongovernmental organizations for the purpose of confirming eligibility for benefits, or for referral to a TVAP provider.

**Requestor's Signature :** \_\_\_\_\_

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