



ADMINISTRATION FOR
CHILDREN & FAMILIES
Office on Trafficking in Persons

Domestic Victims of Human Trafficking Program Grantee

Client Characteristics and Program Entry Form

Complete this form for every new client or when a client's case has reopened (previously served but case closed). Information should reflect client's status at assessment, as collected at intake and/or during the following 90 days.

Grantee

Reporting Period Start Date

Reporting Period End Date

Report Type

Client Identifier

Intake Date

Type of Intake

Referral Date

Referral Source

Service Eligibility Status

Was the client enrolled in the DVHT program?

If no, select the primary reason why the client did not enroll into the program.

Does the client have family members receiving services from grantee?

If grantee is serving family members of the client who experienced trafficking, please indicate the number of the client's parents/guardians, siblings, spouses, children, and/or other household members receiving services as well.

Parent(s)/Guardian(s)

Sibling(s)

Spouse

Other Household Members

Child(ren) < 18

Child(ren) 18 or Older

THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN:

Through this information collection, ACF is gathering data on the grant program to assess program performance, inform evaluation, tailor technical assistance, report to stakeholders, and inform policy and program development. Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. This collection of information is required to retain a benefit (22 USC 7105, Trafficking Victims Protection Act). An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information subject to the requirements of the Paperwork Reduction Act of 1995, unless it displays a currently valid OMB control number. If you have any comments on this collection of information, please contact Flavia Keenan-Guerra, Office on Trafficking in Persons, by email at Flavia.Keenan-Guerra@acf.hhs.gov.

Client Demographics and Characteristics

Date of Birth

Age at time of intake

Sex

Does client identify as LGBTQ?

Race/Ethnicity (check all that apply)

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Hispanic or Latino
- Unknown
- Other

**Does the client have a disability?
(check all that apply)**

- Hearing Difficulty
- Vision Difficulty
- Cognitive Difficulty
- Ambulatory Difficulty
- Self-Care Difficulty

If client identifies as an American Indian or Alaska Native, in what Tribe are they enrolled?

If known, record the client's country of origin. If unknown or unclear then record unknown.

Country

Current Living Situation

If client is a minor, are they enrolled in school?

For the following questions on employment and job training, select the response category that most accurately reflects the client's employment status.

Is client employed?

Is client enrolled in job training?

If yes, what is the type of employment?

If no, is the client seeking employment?

Client's Presenting Needs

What needs or services did the client have (check all that apply)?

- | | |
|---|---|
| Basic Necessities | Child Care |
| Crisis Intervention | Dental Health Services |
| Education Assistance | Employment Assistance |
| Family Reunification | Financial Assistance |
| Housing and/or Shelter Services | Interpreter and/or Translator |
| Legal Advocacy and Services | Life Skills |
| Mental and/or Behavioral Health Services | Medical Services |
| Safety Planning Services | Substance Use Assessment and/or Treatment |
| Traditional Medicine and Cultural Practices | Transportation |
| Victim Advocacy | Vision Care |
| None | Unknown |
| Other | |

What public benefits does the client need? (check all that apply)

- | | |
|--|--|
| Child Care Subsidy | Food Benefits (SNAP, WIC, Tribal Commodities) |
| General Assistance | Housing Subsidies (Section 8, HUD Vouchers) |
| Medicaid, Medicare, or SCHIP | State-Specific Health Benefits |
| Social Security Disability (SSDI or SSI) | Temporary Assistance for Needy Families (TANF) |
| Unaccompanied Alien Children Program | Unemployment Insurance |
| None | Unknown |
| Other | |

Specify the geographic location where the client is or will be receiving the majority of services.

County or Parish

State or Territory

Tribal Land or Reservation

Trafficking Experience

The following section records sensitive information about the client's trafficking experience. While this information may be disclosed by the client, the grantee should not require the client to disclose specific details about the trafficking experience in order to receive services through the program. Grantee should mark unknown when the information is not provided or known.

Type of Trafficking

Client Relationship to Trafficker

Exploitation Industry

Agriculture/Field Labor	Arts/Entertainment
Bar/Cantina/Nightclub	Begging/Peddling
Carnival	Cartel/Gang
Commercial Cleaning	Construction
Domestic Work	Elder Care
Escort Services	Factories/Manufacturing
Fishing	Forced Criminal/Illicit Activities
Forestry/Logging	Herding/Livestock
Health/Beauty	Health Care
Hotel/Hospitality	Illicit Massage/Health/Beauty
Landscaping	Mining/Quarrying/Fracking
Pornography/Remote Interactive Sexual Acts	Prostitution/Outdoor Solicitation
Prostitution/Residential	Recreation/Sports
Religious Institution	Restaurant/Food Service
Retail Sales	Sexual Servitude
Stripping/Exotic Dancing	Traveling Sales Crew
Transportation	Unknown
Other	

If known, record the location of the trafficking incident. Partial information is acceptable.

County or Parish

State or Territory

Country of Trafficking Incident

Tribal Land or Reservation