



ADMINISTRATION FOR  
**CHILDREN & FAMILIES**  
Office on Trafficking in Persons

**Trafficking Victim Assistance 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**

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**Client Identifier**

**Intake Date**

**Type of Intake**

**Was client matched to a service provider within 48 hours of referral?**

**Referral Date**

**Referral Source**

**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, siblings, spouses, and/or children receiving services as well.*

**Parent(s)**

**Sibling(s)**

**Spouse**

**Child(ren) < 18**

**Child(ren) 18 or Older**

**Service Eligibility Status**

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

Public reporting burden for this collection of information is estimated to average 1 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.

## Client Demographics and Characteristics

Date of Birth

Age at time of intake

Gender Identity

Does client identify as LGBTQ2S+?

**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 victim have a disability?  
(check all that apply)**

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

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

**Country**

**Current Living Situation**

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

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## 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
Transportation	Victim Advocacy
None	Unknown
Other	

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

Child Care Subsidy	SNAP (Food Stamps)
General Assistance	Section 8 and/or Permanent Housing Assistance
Medicaid	ORR Match Grant
ORR Targeted Assistance Grant (TAG)	ORR Wilson/Fish Program
Refugee Cash Assistance	Refugee Medical Assistance
Refugee Social Services	State-Specific Health Benefits
Social Security Disability (SSDI or SSI)	Temporary Assistance for Needy Families (TANF)
Unaccompanied Alien Children Program	Unemployment Insurance
WIC	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**

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## 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
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