



ADMINISTRATION FOR
CHILDREN & FAMILIES
Office on Trafficking in Persons

Request for HHS Certification of Foreign National Adult Victims of Human Trafficking

HHS provides letters of Certification and Eligibility to foreign national victims of severe forms of trafficking in persons under the authority of the Trafficking Victims Protection Act (TVPA) 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 national adult victims in the United States to apply for federally funded benefits and services. More information about the Certification process can be found online at <https://www.acf.hhs.gov/otip/victim-assistance/certification>.

This form is not an application and use of this form is optional. Requests for HHS Certification can be submitted online through the [Shepherd Case Management System](#). If you do not wish to submit your request through Shepherd or this form and would like to obtain an HHS Certification Letter, please contact an HHS Trafficking Specialist at 866-401-5510 or via email at Trafficking@acf.hhs.gov.

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

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 experienced trafficking.
3. Send the completed form and supporting documentation (e.g. T-1 Nonimmigrant Status (T-1 Visa) to Trafficking@acf.hhs.gov with the subject line as "HHS Certification Request." To protect the client's privacy, do not include personally identifiable information (PII) about the client, such as the client's name, alien number, or date of birth in the subject line or body of the emails.
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.

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

Questions? Contact an 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.

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

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

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. 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: Client's Information

Last Name:

First Name:

Middle/Other Name:

Date of Birth:

Alien Number:

Country of Origin:

Sex: Male
 Female
 Not Reported

Primary Language:

Emergency Concerns:

Please describe any emergency concerns or considerations (e.g. physical or mental health needs, housing considerations, status if currently experiencing trafficking or other exploitative situations, imminent court proceedings, or other significant concerns)

Type of Trafficking Experienced:

Sex
Labor
Sex and Labor
Not Reported

Current City:

Current State:

Current Zip Code:

Department of Homeland Security Documentation:

Individuals can only receive an HHS Certification Letter if they have current Continued Presence, T-1 Nonimmigrant Status, or a Bona Fide T-1 Visa from the Department of Homeland Security (DHS) that has not been rescinded or denied. If you have a copy of a valid DHS document, please upload it and indicate what type of document you are submitting below. If you do not have a copy, simply skip to the next section. No upload is required.

Continued Presence
T-1 Nonimmigrant Status
Bona Fide T-1 Visa

Section 2: Requester's Information

Enter the requester's information (the client OR the individual submitting the request on behalf of the client).

Last Name:

First Name:

Title:

Agency/Organization Name:

Phone Number:

Address:

Extension:

City:

State:

Email:

Zip Code:

Section 3: Case Management Services

HHS funds [trafficking-specific comprehensive case management services](#) for foreign nationals who have experienced trafficking and are seeking HHS Certification, as well as for certain eligible family members.

Are you or your client requesting trafficking-specific comprehensive case management services at this time?

Yes

No

Please note, you can submit new information if you or your client require case management services at a later time.

Section 4: Request for HHS Certification Letter

Are you or your client requesting an HHS Certification Letter at this time?

Yes

No

Please note, you can submit new information if you or your client would like to receive the Certification Letter at a later time.

Who should receive the hard copy of the letter? Please indicate below and provide their mailing address.

Client

Requester

Other

Benefits Start Date:

Please indicate the preferred date for the client's certification for benefits to begin.

Letter Recipient Organization:

Letter Recipient Last Name:

Letter Recipient First Name:

Letter Recipient Address:

City:

State:

Zip Code:

Important Notice Regarding Information Sharing

If this form is not in the client's primary language or if the client is unable to read or understand the form, the requester should read and explain the form to the individual in their primary language or use a qualified interpreter to do so. This notification is intended to inform the client of how the information provided will be used by the Department of Health and Human Services (HHS).

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 trafficking in persons 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). These letters make foreign national victims of severe forms of trafficking in persons eligible to receive federal and state benefits to the same extent as a refugee.

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 of 2000, as amended:

1. To coordinate the delivery of a HHS Certification Letter to a foreign national adult present in the United States who has been subjected to a severe form of trafficking in persons;
2. To refer a foreign national 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.

Security of Client's Personal Information

The personally identifiable information (PII) that is shared with HHS through this form will be stored securely. Information gathered, including PII, will remain in HHS' custody for 15 years. After 15 years, such records will be transferred to the National Archives of the United States under the HHS record disposition authority, unless required for business use by HHS. The records will be stored securely indefinitely. HHS uses the information to evaluate and determine the certified client's eligibility for benefits, for consultation purposes, for reporting requirements, and for research and analysis in anonymous datasets. To protect the privacy of clients, HHS will never share any PII such as the client's name or alien number in 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.

By signing this form, you acknowledge that the client gives consent to share the information contained in the HHS Certification form as necessary to obtain HHS Certification and for reporting purposes. The client acknowledges that they have been notified that their information will be used in federal reports or data available to the public in a way that does not disclose PII.

By signing this form, you acknowledge that the client has been informed that the information provided in this form might be shared with other federal agencies as part of aggregate data reporting, and with public and nongovernmental organizations for the purpose of confirming eligibility for benefits, or for processing referrals for case management services.

Requester's Signature: _____

Date: _____