

Human Trafficking Resource Hub

Any information marked as "Confidential" will be available only to members approved by the Human Trafficking Task Force Committee, via an application process. The information in the shaded fields will not be accessible by the public and requires a log in for review.

Entire program is confidential.

PLEASE PRINT

Program Name:	Umbrella Agency (if any):
Program Statement (e.g. Mission, Vision, Goals):	

Main Phone:	Hotline:
Website:	Email:
Confidential Phone Number:	

Primary Contact	<input type="checkbox"/> Primary Contact is confidential
Name:	Position:
Phone:	Email:

Address 1	Street:			
	City:	County:	State:	Zip:
Address 2	Street:			
	City:	County:	State:	Zip:
Confidential Address	Street:			
	City:	County:	State:	Zip:

<input type="checkbox"/> 24/7	General Hours (Include Days of the Week):
Additional Hours (Include Days):	Reason for Additional Hours (e.g. Shelter intake):

PLEASE PRINT

Housing Resources	
<input type="checkbox"/>	Shelter:
<input type="checkbox"/>	Transitional Housing:
<input type="checkbox"/>	Assistance in Locating Housing:

Services: Something is done for the need, *e.g. legal advice, training, therapy session.*
 Supplies: There are items or provisions given to meet a need, *e.g. A first aid kit, a meal, a speaker.*
 Emergency Response: *e.g. Is this a 24-hour shelter, does this include urgent medical care?*

Resource Provided	Service	Supply	Emergency Response	Description of Resource Provided (<i>e.g. Trauma Counseling, Transitional Housing, Men's Clothing.</i>)
Clothing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Employment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Mentoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Counseling/Therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pregnancy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Medical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Legal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Governmental	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Investigation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Foster Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Awareness/Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Response Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Additional Considerations	
Cost	<input type="checkbox"/> Free <input type="checkbox"/> Associated Fee:
<input type="checkbox"/> Faith Based:	
Requirements	
<input type="checkbox"/> Membership. If so, please explain:	
<input type="checkbox"/> Training If so, please explain:	
<input type="checkbox"/> Application If so, please explain:	
<input type="checkbox"/> Possible Waiting List/Referral Required/Other Entry Restrictions If so, please explain:	

Demographics Served		
Gender	Age	Nationality
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender Male <input type="checkbox"/> Transgender Female	<input type="checkbox"/> Infants/Toddlers Age Range: <input type="checkbox"/> Children Age Range: <input type="checkbox"/> Youth/Young Adults Age Range: <input type="checkbox"/> Adults Age Range:	<input type="checkbox"/> Domestic-Born <input type="checkbox"/> Foreign-Born <input type="checkbox"/> Undocumented
Race:		
Ethnicity:		

PLEASE PRINT

Notes

Please include any further information you deem useful to the public which would aid in matching resources to those in need.

Confidential Notes

*e.g. "Although a fee is associated with our legal services, we do provide pro bono options based on availability and service provider referrals."
"We do have an emergency number for service providers who have no other options: 555-555-5555."*

OFFICE USE ONLY

WAR Review

Entered into system Date:

pgm_id: