



Please return application to:  
 Survivor Care Team  
 Hope Line: 1-844-HER-HOPE  
 (1-844-437-4673)  
 Email: [referrals@hersong.org](mailto:referrals@hersong.org)

## Survivor Application

### 1. Contact Information

Full Name: \_\_\_\_\_ Nickname(s): \_\_\_\_\_  
 Alias/Maiden Name/Other Names: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Safe to leave a voicemail/text?  YES  NO  
 Date of Birth: \_\_\_\_\_ Ethnicity/Race: \_\_\_\_\_ Gender: \_\_\_\_\_  
 Current City/State: \_\_\_\_\_ Hometown City/State: \_\_\_\_\_

### 2. Personal and Demographic Information

Religious Preference: \_\_\_\_\_ Primary Language: \_\_\_\_\_  
 Marital Status:  Single  Married  Divorced  Widowed  Other: \_\_\_\_\_  
 Are you currently in a romantic relationship?  YES  NO  
 If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 Do you have children?  YES  NO

Romantic relationships cannot continue while in Her Song's residential program.

Please list any children including name, age, custody status, and current location.

Name	Age	Custody Status	Location

**\*\*If you have primary custody, children will need a temporary caregiver until completion of the program\*\***

Living Situation:       Homeless                       Temporary shelter  
                                   Living on own                       Incarcerated

- Living with friends
- Treatment facility
- Hospitalized
- Living with family
- Residential program
- Other: \_\_\_\_\_

### 3. Referral Source

How did you hear about Her Song? \_\_\_\_\_

If referred by an agency, please include their contact information:

Agency Name: \_\_\_\_\_ Advocate Name/Title: \_\_\_\_\_

City/State: \_\_\_\_\_ Phone and/or Email: \_\_\_\_\_

### 4. Trafficking History

What type of trafficking situation have you experienced?

- Sex trafficking
- Labor trafficking
- None
- Both sex and labor trafficking
- I don't know
- Other: \_\_\_\_\_

Have you been verified by law enforcement as a victim?

- YES
- NO

Are you interested in filing a report with law enforcement?

- YES
- NO

Please briefly describe your trafficking experience:

\_\_\_\_\_

\_\_\_\_\_

At what age were you first trafficked? \_\_\_\_\_ How long were you trafficked? \_\_\_\_\_

When were you last trafficked? \_\_\_\_\_ What cities/states were you trafficked? \_\_\_\_\_

Is your trafficker still a threat to you? \_\_\_\_\_

Is there an open or pending case against your trafficker?  YES  NO  UNSURE

### 5. Education and Employment

Highest level of education: \_\_\_\_\_

Are you interested in furthering your education?  YES  NO  UNSURE

Please explain: \_\_\_\_\_

Are you currently employed? If so, where? \_\_\_\_\_

Do you have in your possession or need any of the following documentation or benefits?

Documents/Benefits	Have in Property	Needed
Birth Certificate		
Driver's License or Identification Card		
Medicaid, Medicare, or Other Health Insurance		

SNAP (Food Stamps), D-SNAP, and/or WIC		
Social Security Card		
Social Security Disability Insurance (SSDI)		
TANF (Temporary Assistance for Needy Families)		
Other:		

## 6. Legal Status

Current level of legal involvement:

Involuntary commitment  
(psychiatric hold)

Probation/Parole

None

Incarcerated

Other: \_\_\_\_\_

Dependency case

Registered sex offender

Active warrants need to be resolved before consideration for Her Song's program.

Do you have any active warrants?  YES  NO

Do you have any upcoming court appearances?  YES  NO  UNSURE

If yes, please provide date, location, and reason:

Her Song cannot allow histories of predatory or homicidal charges.

Attorney contact information: \_\_\_\_\_

Probation officer contact information: \_\_\_\_\_

Please list any past criminal charges including dates and location:

Do you have an open case with the Department of Children and Families?  YES  NO

DCF investigator or case manager information: \_\_\_\_\_

Please describe any other legal concerns:

\_\_\_\_\_  
\_\_\_\_\_

## 7. Physical Health

Please list any current medical conditions and treatments:

Any major medical conditions that require high-level stabilization, rehabilitation, or hospitalization will need to be resolved prior to consideration.

Are you anticipating/needing any surgeries or procedures in the near future (next 1-2 years)?

If yes, please provide what procedure and reason:

Are you needing to attend any medical appointments now or in the future?

If yes, please provide dates and reason:

Do you have any issues performing house chores?  YES  NO

Do you have valid medical insurance or Medicaid?  YES  NO  UNSURE

Are you currently pregnant?  YES  NO  UNSURE

Please list any prescription medications you are taking for medical conditions:

Please list any over-the-counter medications you are taking on a regular basis?

Do you have a primary care physician?  YES  NO

Do you have a regular dentist?  YES  NO

Do you have allergies to medications or foods?  YES  NO

If yes, please list allergies, reactions, and treatment:

Residents need to be ambulatory  
and independently able to  
perform activities of daily living.

## 8. Mental Health

Have you been diagnosed with any of the following mental health disorders?

Anxiety

Depression

Schizophrenia

Bipolar

Panic Disorder

Other: \_\_\_\_\_

Borderline Personality  Personality Disorder \_\_\_\_\_

Please list any current mental health medications you are prescribed:

Are you currently receiving any mental health services?  YES  NO

Have you had suicidal or homicidal ideations or attempts?  YES  NO

If yes please explain situation, treatment, and outcome:

## 9. Substance Use History

Please briefly describe your history with illegal substances (drug of choice, length of use, length of sobriety).

Please circle what substances you have used previously or are currently using:

Alcohol	Barbiturates	Benzodiazepines	Club Drugs
Crack/Cocaine	Hallucinogens	Heroin	Inhalants
Ketamine	Kratom	Marijuana	Meth/Amphetamines
Nicotine/Tobacco	Opiates	Synthetic Marijuana	

Are you currently in substance abuse treatment?  YES  NO

If yes, please list name of facility and city/state: \_\_\_\_\_

Have you received substance abuse treatment in the past?  YES  NO

If yes, please list name of facilities, dates, and city/state:

Residents must be sober and completely detoxed from all substances prior to admission date.

## 10. Additional Information

How do you feel about sharing a bedroom and/or living in a home with others?

What led you to contact Her Song for assistance?

What do you hope to achieve through Her Song's program?

Please include any additional information you would like us to know:

We look forward to connecting with you soon!

**Her Song Survivor Care Team**

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