

## Freedom from Trafficking Referral (Mental Health Services)

Name(s):	
Gender:	
Age:	
Location:	
Contact Information of Survivor:	
Contact Information of Parent/Guardian, if needed:	
Country of Origin:	
Language:	
Trafficking Specific Case Management Being Provided Already (Y/N?)	
Reason for Referral:	
Type of Trafficking: <i>agriculture, construction, domestic servitude, drug smuggling, factory, hospitality, nail salon, sheep herding, welding, debt bondage, forced labor, and/or sex trafficking</i>	
Trafficking took place in US? <i>What city/state?</i>	
Diagnosis List (if confirmed or suspected, list primary diagnosis, secondary diagnosis including relevant social factors)	
Past psychiatric history and treatment, if known	

**HEARTLAND  
ALLIANCE**  
HUMAN CARE

Current symptoms/presenting mental health needs	
Safety concerns?	
Interest in what type of mental health support (individual, group, alternative therapies)?	
Contact Information of Referral Source:	Name: Number/Email:

Email completed form to Summar Ghias, Program Director, Freedom From Trafficking, Heartland Alliance Human Care Services, [sghias@heartlandalliance.org](mailto:sghias@heartlandalliance.org), with signed release form from client. If you have any questions, please contact Summar Ghias at 312-662-6185.