****

**PATH Referral Form**

Please complete and forward this to PATHProject@utoledo.edu

\_\_\_\_\_**Lucas County or** \_\_\_\_\_\_**Non-Lucas County**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **List County here**

Date of Referral: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency Referring: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency Contact Name & Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency Contact Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client Number and Initials\*\*\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_

**Reason for Referral to PATH (check all that apply):**

\_\_\_\_\_ Self Referral

\_\_\_\_\_Identified as a victim of human trafficking through assessment

\_\_\_\_\_Suspicion of human trafficking – need further assessment

\_\_\_\_\_Found to be sexually exploited/involved in prostitution

\_\_\_\_\_Found to be working against one’s will/involved in labor trafficking

\_\_\_\_\_Intensive Case Management

\_\_\_\_\_Immediate Legal Services Referral

\_\_\_\_\_Other:

Please provide any additional information about your client that may be helpful**, including other services or agencies the client is receiving**:

Known Diagnosed Disability: \_\_\_\_Yes \_\_\_\_\_No

\*\*\*Please use your agency’s system for identification i.e. client ID or initials. Thank you.