



**COALITION TO ABOLISH SLAVERY & TRAFFICKING**  
**CLIENT INTAKE & ASSESSMENT**

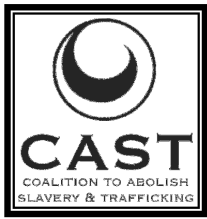
CASE #: \_\_\_\_\_

<b>Date of referral:</b>	<b>CAST Staff:</b>
<b>Referent Name/Telephone:</b>	
<b>Referent Organization:</b>	

<b>First Name:</b> Emmy		<b>Last Name:</b>	
<b>Spouse/Children Names:</b>			
<b>Languages:</b>			<b>Interpreter:</b> XY N
<b>Age:</b>	<b>DOB:</b>	<b>Nationality:</b>	<b>Ethnicity:</b>
<b>Current Address:</b>			
<b>Telephone:</b>			

<b>Approx. Date of Escape:</b>	<b>From Who/Where:</b>		
<b>Type of Employment:</b>	<b>Approx. Length of Servitude:</b>		
<b>How Recruited:</b>			
<b>Agreed Transportation to US/fee:</b>	<b>Actual Transportation Fee:</b>		
<b>Other Agreed Fees:</b>	<b>Actual Fees:</b>		
<b>Agreed Conditions:</b>	<b>Actual Conditions:</b>		
<b>Agreed Salary/Payment:</b>	<b>Actual Salary/Payment:</b>		
<b>Approx. Date of Entry:</b>	<b>Entry Method (if known) i.e. Visa:</b>		
<b>Restriction of Movement:</b> Y N	<b>Documents Withheld:</b> Y N		
<b>Abuse: (circle) Physical Emotional Psychological</b>			
<b>Threats:</b> Y N			
<b>Any Current Threats/Fears:</b> Y N Possible	<b>Immediate Action Required:</b> Y N		
<b>Current Emergency/Social Service Needs:</b> _____			

<b>Trafficking/Forced Labor x Assigned CAST Staff:</b>	<b>LEA Referral: FBI/AUSA/ICE/DOL/Other Contact:</b>
<b>Smuggling Labor Exploitation Servile Marriage Trafficking Insufficient Info Referred out to (Agency/Telephone):</b>	



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