



Service Provider,

Thank you for considering the Rejuvenating Women Restored Wings program for your client. We are a voluntary program for those that desire a life change from trafficking and exploitation. We are a structured program with daily classes and communal living. We provide staff 24/7 to meet the needs of the women in the home as well as provide safety and security. We are not a shelter or a “safe house” but a comprehensive recovery home created to bring about restoration and wholeness to those that participate. Below is a description of who would make a good fit for our program. If your client might be a good fit please complete this referral form and submit along with the client questionnaire.

A good fit for the program:

- Female survivor of trafficking or sexual exploitation (**State of Nebraska adult is age 19**)
- Been through detox or have a desire for a sober way of life (**we will consider every prospective participant whether currently sober or not**)
- Desire for a life change; leave the “old life” behind
- Ready to commit and work hard in a recovery process
- Willing to participate in the required programming
- Willing to participate in a faith-based program

not a good fit for the program:

- No desire to stay sober or taper off of narcotic prescriptions
- Serious health conditions that make it difficult to take care of oneself (**RW does not have a medical staff onsite**)
- Physical custody of dependent children
- Recent or past violent tendencies
- Recent or past incident of arson
- Unwillingness to address mental health
- No Animals or pets

Thank you for considering the Restored Wings Program. You can email the referral and questionnaire to info@rejuvenatingwomen.org or mail P.O. Box 31841, Omaha, NE 68131. You can also call 800-402-0601 if you have questions.



Service Provider Referral Form

Referrer

Date:	Name of Referring Agency:	
Phone:	Contact Person:	
City/State:		Email:
Relationship to the client:	How long have you known the client?	When does the client need placement?
Does the client have means to relocate? Will your agency provide relocation assistance?		

Client Information

Full Name:	Date of Birth:	Current Age:
Alias/Nickname:	Phone:	City/State where the client resides:
Is the client a U.S. citizen?	Does the client have state benefits, Medicaid, disability etc?	
Housing Status (please explain): <ul style="list-style-type: none"> <input type="radio"/> Emergency Shelter <input type="radio"/> Friends/Family <input type="radio"/> Incarcerated <input type="radio"/> Street Homeless <input type="radio"/> Pimp/Trafficker/Abuser <input type="radio"/> Facility/Program <input type="radio"/> Hospital <input type="radio"/> Alone 		



Legal

Is the client court involved?		Next court date:	City/State of pending case:
Probation/parole?	Name of PO:	Does client have open warrants? Past felonies?	
Has the client been convicted of a sexual offense?		Does the client have a pending case with/against the trafficker/abuser?	
How recent was the client trafficked?		Has the trafficking been verified by another party or self-reported?	
Explain the type of trafficking/exploitation (ex: pimp, boyfriend, family, gang, survival sex, escorting, stripping, online etc):			

Health

How many days of sobriety?	Drug of choice and last date of use:	Has the client completed a drug treatment program?
Does the client have serious health conditions?	Is there a possibility the client is pregnant?	Does the client have immediate medical needs?
Does the client have insurance?	Has the client shown the ability to take care of themselves independently (hygiene, grooming, chores, activities of daily living)?	

Mental Health

Known diagnosis:	Known medications:	Known hospitalizations:
Does the client have history of suicidal ideation/actions?	Does the client have a history of self-harm (cutting, scratching, burning etc)?	
Has the client had incidents of aggression or violence towards others?	Any other mental or behavioral health observations:	
Is the client willing to work towards mental wellness?		

Relational

Does the client have dependent children under their care?	Were children removed from the client's care?	Client's marital status:
Does client have friends or family that provide emotional or financial support?	Is the client at risk to contact the trafficker?	
Is the client able to identify safe or unsafe people to communicate with ongoing?		

Other Comments