



**THRIVE REFERRAL FORM**

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

**CHOOSE LOCATION FOR VISIT:**  42 East Laurel Road, Suite 1100, Stratford, NJ 08084  
 1051 W. Sherman Avenue, Bldg. 5 Unit A, Vineland, NJ 08360

**SERVICES BEING REQUESTED:**  **THRIVE Medical Care**

**PATIENT INFORMATION:**

Patient's Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Patient's Preferred Name (if different than above) and pronouns \_\_\_\_\_

**SEX ASSIGNED AT BIRTH:**  Female  Male

**GENDER IDENTITY:**  Female  Male  Non-binary  Gender fluid  Other  Unknown

**RACE:**  African-American  Asian/Pacific Islander  White  Multiple races: (Specify): \_\_\_\_\_

Other (Specify): \_\_\_\_\_ **ETHNICITY**  Hispanic  Non-Hispanic

**REFERRAL INFORMATION:**

Referent: \_\_\_\_\_ Email: \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell: \_\_\_\_\_

Referral Agency: \_\_\_\_\_ Office Phone #: \_\_\_\_\_

**Open with Child Protection Agency:**  No  Yes **Local Office:** \_\_\_\_\_

Case Worker: \_\_\_\_\_  Phone Number: \_\_\_\_\_

**Open Investigation with Prosecutor's Office where the Patient is recognized as a victim of trafficking:**

No  Yes **County Office:** \_\_\_\_\_

**Assigned Detective:** \_\_\_\_\_ **Phone Number: (\_\_\_\_\_) \_\_\_\_\_**

**Open Investigation with any governmental agency where the Patient is recognized as a victim of trafficking:**

No  Yes **Agency:** \_\_\_\_\_

**Assigned Agent:** \_\_\_\_\_ **Phone Number: (\_\_\_\_\_) \_\_\_\_\_**

**Has the patient had previous involvement with:**

**Child Protection Agency:**  Yes  No **OR** **Law Enforcement:**  Yes  No

**If yes, please identify which agency and reason for involvement:** \_\_\_\_\_

**INSURANCE INFORMATION:**

Subscriber's Name: \_\_\_\_\_ Subscriber's DOB: \_\_\_\_\_

Insurance ID Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

**PATIENT'S CURRENT PLACEMENT:**

- Single Biological Parent     Both Biological Parents     Adoptive Parent(s)     Step-Parent(s)
- Adult Relative(s) (Specify Relation): \_\_\_\_\_
- Adult Non-Relative(s) (Specify Connection): \_\_\_\_\_
- Foster Care     Kinship Care     Shelter (Specify): \_\_\_\_\_
- Therapeutic Foster Care     SHSP Home     Other (Specify): \_\_\_\_\_

**WHERE IS THE PATIENT CURRENTLY LIVING:** (Please identify the residential facility or shelter if applicable)

**Address:** \_\_\_\_\_

**Phone #** \_\_\_\_\_

**PATIENT'S SELF-IDENTIFIED SUPPORT PERSON:** \_\_\_\_\_

**Phone #** \_\_\_\_\_ **Address:** \_\_\_\_\_

**PATIENT'S LEGAL GUARDIAN:** (who has custody of the patient)

**Name(s):** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone #** \_\_\_\_\_

**IF PATIENT'S BIOLOGICAL PARENTS ARE NOT IDENTIFIED ABOVE, PLEASE COMPLETE:**

**Biological Mother's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone #** \_\_\_\_\_

**Biological Father's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone #** \_\_\_\_\_

**REASON FOR REFERRAL:**

- Concerns for Sex Trafficking     Concerns for Sexual Abuse (Non-Caregiver)     Higher Risk Behavior
- Other (please specify) \_\_\_\_\_

**Alleged Trafficker (if known):** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Relationship to Patient:**

- Biological Parent     Step-Parent     Adult Relative     Adult Non-Relative
- Sibling     Peer     Paramour     Other: \_\_\_\_\_

**Reason for Referrals (Additional Details):**

**HISTORY OF ABUSE** (please complete regardless of substantiation or criminal charges)

No

Yes (please complete) **Type of abuse:** \_\_\_\_\_

**Alleged Perpetrator:** \_\_\_\_\_ **Relation to Patient:** \_\_\_\_\_

---

---

**MEDICAL INFORMATION:**

**Primary Healthcare Provider:** \_\_\_\_\_ **Date last seen:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone Number:** (\_\_\_\_) \_\_\_\_\_

**Any Current Medical Concerns:**     No                       Yes

If Yes, please explain:

---

---

**OTHER AGENCIES THE PATIENT IS WORKING WITH:**

**List Agencies:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Is the patient currently referred to any of the following agencies (please check all that apply):**

Covenant House             Dream Free             SERV Human Trafficking Program

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