

YWCA BUCKS COUNTY

# NOW ACCEPTING REFERRALS

## HAVEN HOUSE

Haven House is a safe house for women and children fleeing human trafficking. To bridge the gap between crisis housing and Rapid Rehousing (RRH), the YWCA Haven House provides victims of human trafficking a safe place to reside and receive supportive services until they are placed in their own apartment through RRH. During their stay, participants will continue to receive crisis advocacy, trauma informed counseling and other supportive services.

## ELIGIBILITY AND INFORMATION

- Women (cis, trans, nonbinary) who identify as victims of human trafficking
- Average stay 6+ months
- Safe housing
- Supportive environment
- Case Management
- Counseling
- Necessities provided
- Access to resources
- Family friendly

**YWCA IS ON  
A MISSION**

YWCA Bucks County is dedicated to eliminating racism, empowering women, and promoting peace, justice, freedom and dignity for all.

## FOR MORE INFORMATION

Caitlyn Roberts, Director of Housing and Social Services  
[www.ywcabucks.org](http://www.ywcabucks.org)  
[croberts@ywcabucks.org](mailto:croberts@ywcabucks.org)  
215-953-7793 x 109



# HOUSING REFERRAL FORM

## SECTION 1 OF 3: REFERRING WORKER INFORMATION

First Name:		Last Name:	
Referring Agency:			
Phone Number:		Fax Number:	
Email Address:			

## SECTION 2 OF 3: CLIENT INFORMATION

CLIENT INFORMATION			
First Name:		Last Name:	
Date of Birth:		Age:	
Address 1:			
Address 2:			
City:		State:	
Zip/Postal Code:		Country:	
Phone Number:		Alt. Phone Number:	
Main Method of Transportation:			

## LIVING ARRANGEMENTS

What are the client's living arrangements?

Pimp	Family Member	Alone	Friends
Facility:			
Other:			

## CLIENT DOCUMENTS

Does the Client have:

State ID Card	Birth Certificate	Social Security Card
Medical Insurance		

CLIENT HISTORY

Does the client have Children? Yes No  
Will the child(ren) be coming with the Client? Yes No

If yes, please provide the child(ren)'s name, age, and gender below:

Has the client been sexually exploited? Yes No

If so, what form(s) of sexual exploitation? Select all that apply:

Prostitution Stripping Escort Service  
Phone Sex Trading Sex for Money, Drugs, Gifts, or Survival Needs

Has the client been involved in any type of abusive relationship? Yes No

If so, what form(s)? Select all that apply:

Physical Abuse Sexual Abuse Emotional Abuse  
Verbal Rape Molestation

Does the client have a history of substance abuse? Yes No

If yes, is the client actively using? Yes No

Is the client connected to D & A Services? Yes No

Current supports or possible supports for the client?

What services \*might\* be involved or client is wanting to get involved with?

**SECTION 3 OF 3: CLIENT EMERGENCY CONTACT INFORMATION**

Name:	
Relationship to Client:	
Phone Number:	

Please describe any additional relevant information (i.e. if there are any safety plans in place, restrictions on contacting client, etc.):

Please do not submit any referrals without the client's knowledge. Completed referrals can be submitted to Caitlyn Roberts at [CRoberts@ywcabucks.org](mailto:CRoberts@ywcabucks.org).