

VICTIM ASSISTANCE SURVEY (VAS)

BASIC INFORMATION ABOUT THE POTENTIAL VICTIM OF TRAFFICKING (PVOT)

First Name:

Last Name:

Goes by:

Date of Birth:

Age:

Gender Identity:

- ☐ Cis Male
- ☐ Cis Female
- ☐ Transgender Male
- ☐ Transgender Female
- ☐ Non-Binary
- ☐ Other (explain):

IDENTIFICATION DOCUMENTS

Do you have an ID?

- ☐ Yes
- ☐ No

Possession of ID/Documents:

- ☐ On person
- ☐ Withheld
- ☐ Lost
- ☐ Other:

Forms of Identification:

☐ State Issued | State:
Number:

☐ License | State:
Number:

☐ Passport | Country:
Number:

☐ Birth Certificate | Country:
Number:

☐ Other:

Plan to obtain Identification (if needed):

FOREIGN NATIONAL (Skip If Not Applicable)

Country of Citizenship:

Language(s) Spoken:

Current Status in the US:

Date of Entry:

Reason for Entry:



If you have ID, would you like to return to your home country?

- ☐ Yes; if yes, go to the Relocation/Repatriation section
☐ No

Certification/Eligibility Letter:

- ☐ Yes | HHS #:
☐ No

Plan for immediate immigration (if needed):

ACCOMMODATION

Do you have a safe person (unrelated to this situation) you can stay with?

- ☐ Yes
☐ No

If no, would you like to relocate out of the current city limits?

- ☐ Yes; if yes, go to the Relocation/Repatriation section
☐ No

Locations to Avoid/Unsafe:

Plan for accommodation (if needed):

- Contact or name of place victim will be staying:
- Address of place victim will be staying:
- Hotel or Airbnb confirmation # (if applicable):
- Length of Stay:
 - ☐ 24 hours (pending extension)
 - ☐ 1 week
 - ☐ 30+ days
- Additional steps needed:

RELOCATION/REPATRIATION

Is relocation or repatriation needed?

- ☐ Yes
- ☐ No

What is the driving distance from your current location to the location you would like to be relocated or repatriated to?

- ☐ 5 hours or less
- ☐ More than 5 hours

FOR TRAVEL NEEDED OUTSIDE OF DRIVING DISTANCE (5+ hours)

Are you willing to travel via plane to your destination? Please note that you can only fly with approved/non-expired state or federal identification or specific government employee coordination.

- ☐ Yes
- ☐ No - List the preferred method of transportation:

If yes, do you need someone to accompany you?

- ☐ Yes
- ☐ No

If yes, check the level of accompaniment needed:

- ☐ Through security to the gate
- ☐ To the destination airport
- ☐ To the final destination

**Please note that certain levels of accompaniment past security and the gate are not always available; it depends on availability and security limitations.*

Plan for relocation/repatriation (if needed):

- Destination location contact:
- Destination location address:
- Method of transportation:
- Date of travel:
- Level of staff accompaniment:
- Staff member accompanying:
- Reservation confirmation #:
- Additional steps needed:

BASIC NEEDS

Phone needed?

- ☐ Yes | New number:
☐ No | Current number:

What is your current method of local transportation?

- ☐ Leased or Owned Vehicle
☐ Rideshare (e.g. Lyft or Uber)
☐ Taxi
☐ Public Transportation
☐ Rides from family and/or friends
☐ Other

Is a bag with enough clothes and toiletries for 24 hours needed?

- ☐ Yes | Size(s):
☐ No

Do you have access to obtain groceries within 24 hours?

- ☐ Yes
☐ No

Do you have access to at least one month's worth of weather-appropriate clothes?

- ☐ Yes
☐ No

Additional immediate needs requiring action within 1 week:

Organizations/Agencies that can provide basic needs:

- Phone:
- Care Pack:
- Groceries:
- Clothing:
- Local Transportation:

Plans to obtain basic needs:

SAFETY & RISK

Do you think it would be helpful to see a doctor in the next 24 hours for any mental or physical needs you may have?

- ☐ Yes
☐ No

Do you feel safe staying alone?

- ☐ Yes
☐ No: Why not? _____

Do you have a warrant out for your arrest or any pending legal matters that could impact you within the next week?

- ☐ Yes - If yes, please describe:

☐ No

Write a simple 3-step safety plan if _____ (insert name or another identifier of the perpetrator) tries to contact you: Are you comfortable working with law enforcement about this situation? ☐ Yes ☐ No	Is _____ (insert name or another identifier of the perpetrator) someone that you would like to keep in contact with? ☐ Yes ☐ No Are there other people related to this situation you don't feel comfortable having contact with? ☐ Yes; Name(s): ☐ No
Plan for safety and risk: • Provide the victim with appropriate law enforcement contact information to address case and/or warrant stipulations (if applicable). • Provide hotline numbers for the victim (if applicable). • Additional steps needed to help support safety plan:	Hotline Numbers: • National Human Trafficking Hotline: 888-373-7888 • Domestic Violence Support: 800-799-7233 • Mental health and suicide: 988 • Department of Labor (for concerns related to labor trafficking): 1-866-487-9243

MEDICAL CARE/SUBSTANCE USE

Do you take medication(s)? ☐ Yes ☐ No	Do you have access to your medication(s)? ☐ Yes ☐ No
Additional Medical Needs/Concerns: 	
Have you used any substances within the last 48 hours? ☐ Yes ☐ No If yes, which ones? ☐ Alcohol ☐ Marijuana ☐ Cocaine/Crack ☐ Methamphetamine ☐ Benzos (i.e. Xanax) ☐ Opioids (i.e. Heroin) ☐ Other: _____	

Are you worried that you will feel sick or your body will withdraw if you do not have a substance within the next 8-24 hours?

- ☐ Yes
- ☐ No

If yes, would you like to go to a detox facility?

- ☐ Yes
- ☐ No

Plan for victim's medical care/substance use:

- Hospital:
 - » Name:
 - » Address:
 - » Phone Number:
 - » Contact Information of key hospital point person (if applicable):
- Pharmacy:
 - » Name:
 - » Address:
 - » Phone Number:
 - » Contact Information of key pharmacy point person (if applicable):
- Organization or agency that can subsidize medications:
 - » Plan to obtain medication:
- Detox facility:
 - » Name:
 - » Address:
 - » Phone Number:
 - » Contact Information of key detox point person (if applicable):

NOTES