

WILLOWBEND FARMS  
*restoring human trafficking survivors*

**WILLOWBEND FARMS ENTRANCE REQUEST**

Date: \_\_\_\_\_ Name: \_\_\_\_\_

Age: \_\_\_\_\_ Location: \_\_\_\_\_

DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Self-Referral: Y/N

Program to which you are applying: \_\_\_Residential \_\_\_Community \_\_\_Emergency Response

Referring Agency Name and Number: \_\_\_\_\_

Married or Partnered: \_\_\_\_\_

Number of children: \_\_\_\_\_Ages: \_\_\_\_\_

Custody Arrangements: \_\_\_\_\_

Pregnant? \_\_\_\_\_ If yes, how many months? \_\_\_\_\_

No. of Years in Addiction: \_\_\_\_\_ Chemical Preference: \_\_\_\_\_

Length of Sobriety: \_\_\_\_\_ Clean time, if any: \_\_\_\_\_

Number of Years of Trafficking/Sexual Exploitation: \_\_\_\_\_

Sexual Exploitation History (i.e. streets, motels, areas of town): \_\_\_\_\_

Sexual Abuse History:

\_\_\_\_\_  
\_\_\_\_\_

Domestic Violence History: \_\_\_\_\_

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Mental Health Diagnosis, if any: \_\_\_\_\_

Are you in therapy? \_\_\_\_\_ Therapist: \_\_\_\_\_

Physical disabilities, Chronic/ongoing conditions: \_\_\_\_\_

Medications: \_\_\_\_\_  
\_\_\_\_\_

Suicide attempts: \_\_\_\_\_  
\_\_\_\_\_

Inpatient Alcohol and Drug (A&D) Treatment, Intensive Outpatient Treatment (IOP), and/or  
Recovery (AA/NA): \_\_\_\_\_  
\_\_\_\_\_

Inpatient psychiatric hospitalizations (please include dates): \_\_\_\_\_  
\_\_\_\_\_

Medical Insurance? \_\_\_\_\_ Provider: \_\_\_\_\_

Arrest Record: \_\_\_\_\_  
\_\_\_\_\_

Felonies: \_\_\_\_\_  
\_\_\_\_\_

Pending Cases: \_\_\_\_\_

Probation: \_\_\_\_\_ County: \_\_\_\_\_

Probation Officer: \_\_\_\_\_ Phone \_\_\_\_\_

Family Relationships: \_\_\_\_\_  
\_\_\_\_\_

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Current Relationships: \_\_\_\_\_

\_\_\_\_\_

Education: \_\_\_\_\_

\_\_\_\_\_

Individual Completing Intake: \_\_\_\_\_

Relationship to Candidate: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_