



Trafficking Awareness and Prevention (TAP) Program

Family & Community Resources, Inc.

370 Oak Street, Suite B, Brockton, MA 02301

Phone: 508-584-5809 * Fax 508-

TAP program Services

Date of Referral: _____

(Please check all that apply)

- Advocacy and Support
- Safety Planning
- Emergency Safe Home
- Information and referral

Is this a high-risk client that needs to be contacted immediately? Yes No

**Please note we can only contact clients who have given permission and have knowledge of our call.*

Please send all referrals via fax (508) 584-1030 or email it to Sara.Keough@fcr-ma.org. Please put all scanned documents to the attention of the TAP Director, Sara Keough

CLIENT INFORMATION

Name: _____ DOB: _____ Age: _____

Address: _____ City: _____ Gender: _____

Phone: _____ Alt. Phone: _____ Times Available: _____

Pronouns/Preferred Name: _____

Is it safe to leave a voicemail? Yes No

Did the client give the program permission to contact them? Yes No

Safest times/days to contact client: _____

Are there any special instructions while leaving a voicemail? _____

Ethnicity: _____ Primary Language: _____

REFERRED BY: FCR Program: _____ Outside Agency: _____

Name: _____ Role: _____

Program/Agency: _____

Direct Phone: _____ Email: _____



(Is there any state agencies/legal involvement?)

Yes No

Type of involvement:

Advocacy Needs Identified by Client:

Any additional information from provider?

Signature of Referral Source

Date