APPLICATION REQUIREMENTS, REFERRAL & INTAKE PACKET

Bloom provides sanctuary and a continuum of care to heal, empower and employ women survivors of sex trafficking and sexual exploitation.

Requirements:

APPLICANTS MUST:	WE ARE UNABLE TO CONSIDER APPLICANTS WHO:
➢ Be 18 or older. ➢ A survivor of sex trafficking or sexual exploitation. ➢ Not be chemically dependent on illegal drugs/alcohol for at least 30 days. ➢ Be willing to commit to a two year-program. ➢ Not be on the sex offender's registry & agree to this background check ➢ Not have an outstanding warrant	➢ Are non-ambulatory or unable to manage self-care. ➢ Are a threat to themselves or under imminent threat from others. ➢ Have a history of violent behavior ➢ Have a child in their custody age 3 or older ➢ Have more than one child in their custody ➢ Need a service or emotional support animal

Expectations and Guidelines:

- **Remain substance-free for the entirety of their time with Bloom.**
- **2-week blackout period-** we ask you focus this time on getting settled, meeting Bloom staff, and getting accustomed to the program.
- **Be able to self-manage medications and personal safety.** Bloom does not have 24-hour staff or medical staff available.
- **Phone Use-** participants are able to keep their phone but must participate and complete an ongoing curriculum which includes phone safety assignments. This includes topics such as maintaining safety on social media, using your phone responsibly, and cultivating healthy relationships.
- We do ask you do not speak to unsafe individuals. This includes those who may be related or contributors to your trafficking history, history of substance use, and history of abuse.
- **Shared community living with other survivors:** This includes shared kitchen and living spaces.
- **Willing to follow all guidelines and rules of the program:** Including all events and Bloom activities, goals sessions, and session groups during the week.
- **Getting involved in Recovery:** This includes attending 90 meetings in 90 days, getting a sponsor or mentor, and actively participating in a recovery support program.
- **Remaining respectful to all participants, housemates, and staff** while in the Bloom program.
- **Adherence to our Intensive Outpatient Program for treatment:** This includes groups, one-on-one sessions, and drug screenings.
- **Participants cannot have a personal vehicle** in phases 1 and 2 of the program.
- **Actively participating in Bloom's job readiness program through weekly activities at our social enterprises during the first 90 days of the residential program.**
- **Minimal space at the program:** We ask that participants limit their belongings to 2-3 bags.

THE FOLLOWING RULES ARE NON-NEGOTIABLE

No use of violence or threats of violence towards ANYONE.

No use of illegal drugs or alcohol or sharing or selling prescribed medication.

No inviting or bringing any threat onto Bloom premises including non-approved individuals, illegal drugs, alcohol, or weapons.

No breaking another resident's confidentiality, including resident location.

No smoking or vaping inside any Bloom building/residence.

*WE DO NOT ACCEPT VIOLENT OR SEXUAL OFFENDERS

NON-ACCEPTABLE MENTAL HEALTH DISORDERS

AMNESTIC DISORDERS	DISSOCIATE IDNETITY DISORDER
BORDERLINE PERSONALITY DISORDER	PARANOID PERSONALITY DISORDER
DELIRIUM	PHOBIAS, SEVERE
DEMENTIA	PSYCHOSIS
DEPERSONALIZATION DISORDER	PYROMANIA
DISSOCIATE AMNESIA	SCHIZOID PERSONALITY DISORDER
DISSOCIATE FUGUE	SCHIZTOPHRENIA

NON-ACCEPTABLE MEDICATION LIST

ALPRAZOLAM	FETANYL	OXYCODONE	SUBUTEX (DAILY)
AMBIEN	FLUPHENAZINE	OXYCOTIN	THORAZINE
ATIVAN	HALDOL	PENTOBARBITAL	TRAMADOL
CHLOPROMAZINE	HALOPERIDOL	PHENOBARBITAL	TRIAZOLAM
CLONOZOPAM	HYDROCODONE	PERCOCET	TRANXENE
CODEINE	LORAZEPAM	ROXICODONE	VALIUM
DIAZEPAM	LYRICA	SOMA	VICODIN
DILAUDID	MORPHINE	SUBOXONE (DAILY)	XANAX
GABAPENTIN	WELLBUTRIN		

***MEDICATIONS NEED TO BE APPROVED BY INTENSIVE OUTPATIENT PROGRAM AND BY BLOOM STAFF PRIOR TO ACCEPTANCE.**

Please note: *As part of our application process, we will be asking personal questions that may include details about your experiences with trafficking, your personal history, and medical and legal matters. Your responses are important in helping us understand your situation and provide the best possible support and resources. Please be assured that all information you share will be kept confidential and used solely to assist in your care and recovery.*

GENERAL INFORMATION

Applicant's name: _____ Alias: _____

Race: _____ Primary language: _____

DOB: _____ Email: _____

Phone number:

_____

MOST RECENT HOME ADDRESS:

_____

_____

Emergency contact:_____

Relationship to applicant: _____

Phone number: _____

Referred by: _____ Case Manager: _____

Phone: _____ Email: _____

Person completing form: _____ Relation: _____

If we do not have an opening in our program, would you be open to one of our sister organizations? _____

Do you have any geographic limitations or state preferences (if they can be accommodated)? _____

Commercial Sexual Exploitation and Trafficking (CSET) What is CSET? Commercial Sexual Exploitation: Any sexual activity that is traded or exchanged for something of value (or the promise of something of value), often for the purpose of survival. Sexual activity also includes pornography, stripping, exotic dancing, escorting, erotic massage, and street exploitation. Something of value includes, but is not limited to, money, a place to stay, food, clothes, rent, transportation, drugs, medication, or other means of survival. Trafficking: any commercial sexual activity where there is a third-party exploiter (partner, boyfriend, trafficker, manager, facilitator, family member, etc.) that aids in the commercial sexual exploitation of an individual.

Do you have a history with CSET?: _____

Number of years of CSET? _____ When was the last time you engaged in CSET? _____

CSET history: _____

_____

Satanic Ritual Abuse (SRA): SRA refers to allegations of systematic and ritualistic abuse that purportedly involves the worship of Satan or other dark forces. Survivors may describe a range of experiences, including physical, sexual, and psychological abuse, as well as participation in rituals with occult themes.

Do you identify as being a survivor of SRA? _____

SRA history: _____

_____

Who do you live with now? _____

Who did you live with in the past? _____

Can you describe your current and past living conditions? _____

Have you ever been forced to do things you didn't agree to? _____

Have you ever felt coerced or pressured into exchanging sexual acts in order to obtain money, housing, drugs, or safety? _____

Has anyone ever threatened you or your family to make you do something you didn't want to do?

_____

Has anyone taken your documents away or kept them from you? _____

Has anyone threatened to report you to immigration or law enforcement if you don't do what they say?

_____

Have you ever been afraid of being arrested or deported because of your situation? _____

FAMILY

Describe your relationship with your family: _____

_____

Do you have children? _____ How Many? _____

Name, age, & custody arrangements: (if CPS is involved, include the county that the case will be held in)

Name	Age	Custody arrangements?

Are you currently interested, or in the process of reunification with your child/children? If yes, please explain:

_____

Are you currently working with Child Protective Services (CPS), law enforcement, or any other agencies on reunification? _____

Are you pregnant or have you recently had a child? _____

If pregnant, when is your due date? _____

If you recently had a baby, what is their name? _____

What is the age of your baby? _____ What is the sex? _____

What is the father of the baby's (FOB) name? if you prefer not to answer, please put N/A (not applicable):

_____

If FOB goes by an alias, please list: _____

Where is FOB currently located? _____

What is FOB's date of birth? _____

Is FOB involved? _____

Does FOB pay child support? _____

Please describe any visitation/custody arrangements: _____

_____

Where is the baby receiving medical care? _____

Contact information for medical provider(s) _____

Date of last medical visit: _____

Please list last known shots/vaccines: _____

ADDICTION HISTORY

Do you have a history of addiction? _____

Years of use: _____ Drug of choice: _____

Current length of sobriety: _____ Clean Date: _____

ABUSE HISTORY & RELATIONSHIP STATUS

Do you have a history of sexual abuse? _____

Who did this occur with? _____

Do you still have a relationship with this person? _____

Have you ever experienced domestic violence? _____

Are you currently in a romantic relationship? _____

HEALTH HISTORY

Do you have medical insurance? _____ Medical provider: _____

Do you receive SSI or SSDI? _____ Do you have a payee/conservator? _____

Where is your payee or conservator located? _____

Please list any inpatient, Drug and Alcohol treatment, Intensive outpatient programs (mental health, substance use, etc.) and/or recovery programs you have attended:

D&A treatment, IOP, Recovery Programs	Date	How long did you attend? What happened?

Have you ever received a mental health diagnosis: _____

Please list all diagnoses:

_____

_____

Who provides you with your medical treatment? _____

Do you have any physical disabilities or conditions? _____

Please explain in detail any physical limitations, chronic, or ongoing conditions you may have:

_____

_____

Any current medications:

Medication, Dose	Medication Reason

Have you been hospitalized for psychiatric reasons? _____

When and where were you hospitalized? Please answer below.

Hospital	Date	Reason for Hospitalization

Have you ever attempted suicide? _____

How & when did this occur:

_____

_____

LEGAL HISTORY

Do you have pending charges or warrants? _____

Pending charges inside/outside Northampton/Lehigh counties:

_____

_____

Pending court dates:

_____

_____

Number of arrests: _____ Number of incarcerations: _____

Charges & dates:

_____

_____

_____

_____

Are you on probation? _____ County: _____

Probation officer name: _____ Phone: _____

Are you currently incarcerated: _____ Where: _____

Release date: _____

Conditions of release:

_____

MOBILITY

Can you walk for extended periods (ex. 20 minutes at a time)? _____

If not, please explain: _____

Are you able to go up and down stairs? _____

If not, please explain: _____

Do you have reliable transportation? _____

Do you have access to a car? _____

Do you have any specific transportation or mobility needs?

_____

_____

EDUCATION & WORK HISTORY

Highest level of education:

_____

Describe your work history:

_____

_____

I, the undersigned, am requesting services from Bloom. I understand that no specific outcome can be guaranteed. I further understand that my full cooperation with all agency and organization personnel and services and following all requirements of the program and home is mandatory in

order to remain in treatment and fulfill any probation/parole requirements. I certify that the information provided in this application is correct.

Applicant's Signature: _____ Date: _____

I have reviewed this application with the applicant, and it is correct to the best of my knowledge.

Signature of Counselor/Treatment Provider: _____Date: _____