



NEW YORK STATE
OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE
40 NORTH PEARL STREET
ALBANY, NEW YORK 12243-0001

David A. Paterson
Governor

David A. Hansell
Commissioner

ATTACHMENT C

NOTICE TO SERVICE PROVIDER AGENCY

[date]

[name, title]

[RHTP case management provider, local department of social services, or appropriate government agency]

[number and street]

[city, state, zip code]

Dear [name],

The purpose of this letter is to notify you that the New York State Division of Criminal Justice Services (DCJS), in consultation with the NYS Office of Temporary and Disability Assistance (OTDA) and [referring law enforcement agency or district attorney's office], has determined that [name of human trafficking victim] MEETS THE CRITERIA FOR CONFIRMATION as a human trafficking victim in NYS.

OTDA has referred [name of human trafficking victim] (male or female, date of birth MM/DD/YY) to your office for assessment. His/her last known location is:

[c/o individual or organization]

[number and street]

[city, state, zip code]

[telephone number]

Please be sure to consider all possible means of assistance for [name of human trafficking victim], including, but not limited to, assistance under the Unaccompanied Refugee Minor Program. If you have any questions, please do not hesitate to contact me at 212-961-5688.

Sincerely,

Christa M. Stewart, Esq.
Coordinator, NYS Anti-Trafficking Program

cc: Mark Bonacquist, Division of Criminal Justice Services

"providing temporary assistance for permanent change"