



<b>Actions Taken by SART Advocate:</b>	<b>Yes</b>	<b>No</b>
Validating:	_____	_____
Listening:	_____	_____
Referrals:	_____	_____
Coping Skills Development:	_____	_____
Stress Reduction Techniques:	_____	_____
Boundary Setting:	_____	_____
Safety Planning	_____	_____
Goal Setting	_____	_____
Set up check-in/follow-up:	_____	_____
Housing:	_____	_____
Clothing	_____	_____
Food:	_____	_____
Other:	_____	_____

<b>Resources/Referrals Discussed with Caller:</b>	
Police: _____	Therapist: _____
Pets: _____	Support Groups: _____
Family: _____	Hospitalization: _____
Other Crisis Services: _____	
Physician: _____	Case Manager: _____
Legal: _____	Mobile Unit: _____
Other: _____	
Other: _____	

**Feedback**

Did the referral source/client state that you helped her/him?  Yes  No  Unknown  
 Is the client interested in being placed on a list for support groups?  Yes  No

Is follow-up contact scheduled?  Yes  No

Date: \_\_\_\_\_ Time: \_\_\_\_\_  Phone appt.  Accompaniment

If Accompaniment, Where? \_\_\_\_\_

**Action Items**

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_
4. \_\_\_\_\_  
\_\_\_\_\_

**Time Spent with: (measured in hours)**

Caller  .25  .5  .75  1.0  1.25  1.5  1.75  2.0  Other \_\_\_\_\_  
 Collateral/Follow-up Contact  .25  .5  .75  1.0 With whom did you speak? \_\_\_\_\_  
 Collateral/Follow-up Contact  .25  .5  .75  1.0 With whom did you speak? \_\_\_\_\_  
 Collateral/Follow-up Contact  .25  .5  .75  1.0 With whom did you speak? \_\_\_\_\_