

Sexual Assault Response Services of Southern Maine

SART Advocate - Intake

Crisis Management Support Services Date Received: _____ (office use only)

Advocate: _____ Date: _____ Case #

City: _____ County: York Cumberland

Age of Victim: _____ If a minor, has this been reported? Yes No Spurwink Eval? Yes No

Gender: Female Male Unknown Trans Orientation: G/L Straight Unknown

Referral Source

LE _____ VWA _____ Hospital _____

Hotline _____ Other _____

Contact Info: _____

Reason for Referral: _____

Assault Information

Acquaintance Stranger Marital Incest Child
 Gang Acquaintance Gang Stranger Live-in Partner Ritual/Cult Abuse
 Harassment Stalking Unknown Other: _____

Prior Caller Interactions w/Other Individuals/Agencies

Were services helpful?

	Yes	No
Case manager	_____	_____
Therapist	_____	_____
Psychiatrist	_____	_____
Other Crisis Services	_____	_____
Respite Care	_____	_____
Health Care	_____	_____
Law Enforcement	_____	_____
Prosecution	_____	_____
VWA	_____	_____
Other (please specify)	_____	_____
_____	_____	_____
_____	_____	_____

Concerns Expressed by Caller:

Medical: _____ Legal: _____ Police: _____
Suicide: _____ Hospitalization: _____ Financial: _____
Sexuality: _____ Flashbacks: _____ Anger: _____
Anxiety: _____ Self-Mutilation: _____ Fear of Perp: _____
Family _____ Frustration: _____ Safety: _____
Depression: _____ Isolation: _____ Other: _____

Additional Comments: _____

Police Report? yes no case # _____ Officer: _____

ME State Sex Crimes Kit? yes no Hospital _____ Provider: _____

Actions Taken by SART Advocate:		
	Yes	No
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:	_____	_____

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

Contacts (others working with victim)

LE Officer: _____ Depart: _____ Phone: _____
 Legal: _____ Agency: _____ Phone: _____
 Caseworker: _____ Agency: _____ Phone: _____
 VWA: _____ County: _____ Phone: _____
 Other _____

Case Status

Police Report Indictment Conviction Protection Order Arrest
 Dismissal Arraignment Not Reported 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? _____

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? _____

Brief Summary _____
