

**Support Group Intake Assessment**

Central MN Sexual Assault Center

15 Riverside Drive NE, Saint Cloud, MN, 56304

**Phone:** 320-251-HELP (4357) **Toll-free:** 800-237-5090 **Fax:** 320-251-4670

**Email:** cmsac@cmsac.org **Web site:** www.cmsac.org

**Please circle or place an arrow in front of the group you are interested in:**

**W.O.W. Group (Women of Worth)**      **Empower Me, Empower We Group**      **Women's Support Group**

**Concerned Person's Group**      **Men's Support Group**      **Adolescent Support Group**

Name: \_\_\_\_\_

Current Age: \_\_\_\_\_

Current Address: \_\_\_\_\_

Gender: \_\_\_\_\_

County of Residence: \_\_\_\_\_

**Contact and Personal Information**

Primary Phone: \_\_\_\_\_ Type: \_\_\_\_\_

Is CMSAC permitted to leave a message identifying ourselves at this number? \_\_\_\_\_

Alternate Phone: \_\_\_\_\_ Type: \_\_\_\_\_

Is CMSAC permitted to leave a message identifying ourselves at this number? \_\_\_\_\_

Email Address: \_\_\_\_\_

Is CMSAC permitted to send an email identifying ourselves at this number? \_\_\_\_\_

Please indicate your preferred method of communication. \_\_\_\_\_

**Intake Information**

How did you hear about support groups at CMSAC? \_\_\_\_\_

Are you presently employed? \_\_\_\_\_ If yes, what is your occupation? \_\_\_\_\_

Are you currently seeing a therapist, counselor, or CMSAC Staff for support counseling regarding your sexual assault?

\_\_\_\_\_

What times are you available for group meetings? \_\_\_\_\_ \*CMSAC cannot guarantee group times will meet everyone's needs.\*

Do you feel comfortable sharing details of your victimization with the Group Coordinator and other support group members? \_\_\_\_\_

What was the perpetrator's relationship to you? \_\_\_\_\_

Have you disclosed your assault to anyone other than law enforcement? \_\_\_\_\_

If you have disclosed your assault to someone, please indicate who that was and briefly explain their reaction to your disclosure:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Was your sexual assault reported to law enforcement? \_\_\_\_\_

If reported to law enforcement, what was the outcome?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**If you have specific expectations from the support group, please indicate what those are. What do you hope to gain from attending a support group for sexual assault survivors?**

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**Please indicate any questions or concerns you have about the support group:**

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**Once you have signed up for a support group, you are not obligated to attend each session. However, it is most effective to attend as regularly as your schedule allows. If there is anything we can do to help you, please don't hesitate to ask.**

***For the safety of our group members, we ask that you are sober and drug-free during the support group meetings.***

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian Signature (if under the age of 18) \_\_\_\_\_

Date: \_\_\_\_\_