

Empower Me – Empower We Group

Intake Form

Name _____ Date _____

Address _____

County of Residence _____ Gender _____ Date of birth _____

Main Telephone Number (____) _____ - _____

E-mail _____

Is it OK to leave you a message that identifies the CMSAC? _____

By phone? Y/N By E-mail? Y/N

Emergency contact person: _____

Relationship to client: _____

Emergency contact's phone number: _____

How were you referred to us? _____

Do you (or others) consider yourself to have a disability? _____

If so, how may we accommodate you so that you feel supported when receiving services from us?

Central Minnesota Sexual Assault Center
15 Riverside Dr. NE St. Cloud, MN 56304
PH: (320) 251-4357 FAX: (320) 251-4670

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What are your hopes for joining the Empower Me – Empower We group?

Do you have any worries about joining the Empower Me – Empower We group?

Do you have any questions about the Empower Me – Empower We Group?

Thank You!

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