# **CMSAC**

## CENTRAL MINNESOTA SEXUAL ASSAULT CENTER

Contact:

15 Riverside Drive NE St. Cloud, MN 56304

Phone: 320-251-4357 Fax: 320-251-4670 Web: www.cmsac.org

### **Referral Information**

Free, confidential services to youth and adults of all gender identities

#### An appropriate referral:

- Youth or adults who have experienced any type of sexual violation (primary victim)
- Youth or adults who have a close loved one who has experienced sexual violence (secondary victim/concerned person)
- Youth or adults who are "high risk" for sexual exploitation and/or trafficking
  - High-risk individual: history of being abused (especially sexual abuse), history of unhealthy relationships, homeless/runaway, unable to support themselves or pay for basic needs, risky casual sex or online dating, chemical dependency, identifies as LGBTQIA+, participates or lives in a treatment center, residential home, foster/group home, or shelter.

#### Types of sexual violence:

- Sexual assault, child sexual abuse, sexual harassment, intimate partner/spousal rape, etc.
- Commercial sexual exploitation & trafficking: trading sexual activity in exchange for basic needs/survival sex, or involvement in in the legal or illegal sex/erotic industry, prostitution, sex trafficking, sexually explicit images or videos/pornography, escorting, stripping, exotic dancing, erotic massage, etc.

#### **Services:**

- 24-hour crisis line
- Individual support counseling & psychoeducation
- Support & educational groups
- Criminal, legal, and medical support
- Safety planning & assistance with protective orders
- Referrals to other agencies

#### **Setting up services:**

- Please download & fill out the CMSAC Referral Form, also found online at www.cmsac.org
- Fax 320-251-4670 or email to cmsac@cmsac.org subject line: CMSAC Referral

CMSAC advocates can meet with individuals at a variety of public locations including, but not limited to, our center, schools, churches, treatment centers, shelters, group homes, etc.



**SEXUAL ASSAULT CENTER** 

#### **Referral Sheet**

Fax 320-251-4670 or Email <a href="mailto:cmsac@cmsac.org">cmsac@cmsac.org</a> (subject line: CMSAC Referral)

				Time:	am/pn
Referral: Self Con	cerned person	☐ CMSAC staff	☐ Outside agency		
Name of referring agency (i	f applicable):				
Contact person's name:			Position:		
Contact person's phone nur	nber: ()				
Contact person's email:					
What type of services are b	eing requested a	and/or suggested:			
Has client disclosed being a	victim/survivor	of any type of sex	ual violation? Yes/No		
If yes, what form(s)	of sexual violer	nce has the client o	lisclosed?		
If no, what prompt	ed you to refer t	this client to CMSA	C?		
		Client Informati	ion		
Client's name:			DOB:	A	.ge:
Gender identity:	C	ounty of residence	j:	_	
Best phone number to call:	()	<del>-</del>			
Alternative number: (	)				
*Is parent/guardian/caretal	cer aware of situ	uation? Yes/No/No	t applicable		
If yes, guardian's na	ame:				
Guardian's phone r	umber: (	_)			
Is it safe for CMSAC to ident	ify ourselves wh	nen we call? Y/N	Is it safe for CMSAC	to leave a mes	sage? Y/N
Are you currently safe or ar	e there any iden	ntified risks? Y/N/U	Insure		
Presenting concern(s) and/o	or reason for see	eking services at th	is time:		

<sup>\*</sup>Minors have a right to request that personal data be withheld from one's parent(s) and/or guardian(s) (MN Statute 13.02 subd. 8). If client wishes to have her/his personal data withheld or seek services without parental permission, a written request form can be submitted to CMSAC for approval.