CENTRAL MINNESOTA
Sexual Assault Center

• Community Education • Crisis Intervention • Support Groups • 24 Hour Hotline
15 Riverside Drive NE • Saint Cloud, MN 56304-0435 • cmsac@cmsac.org • cmsac.org •
320. 251.4357
Serving Benton, Sherburne, Stearns, and Wright Counties

Referral Information

Free and confidential support for youth and adults of all gender identities.

Who We Support

An appropriate referral includes:

- **Primary survivors:** Youth or adults who have experienced any form of sexual violence.
- **Secondary survivors:** Youth or adults who have a loved one affected by sexual violence.
- **Individual youth or adults at high risk** for sexual exploitation or trafficking.
- **High-risk indicators may include:**
  History of sexual or other abuse • Unhealthy or unsafe relationships • Homelessness or unstable housing • Inability to meet basic needs • Risky or coerced sexual activity • Chemical dependency • LGBTQIA+ identity • Living in or connected to a treatment program, residential facility, group home, or shelter.

Types of Sexual Violence We Respond To

- Sexual assault, child sexual abuse, sexual harassment, or intimate partner/spousal rape.
- **Commercial sexual exploitation and trafficking**, including:
  - Trading sex to meet basic needs ("survival sex").
  - Involvement in sex or erotic industries (legal or illegal).
  - Trafficking, pornography, escorting, exotic dancing, or erotic massage.

CMSAC Services

- 24-hour crisis line support
- Individual counseling and psychoeducation
- Support and educational groups
- Legal, medical, and criminal justice advocacy
- Safety planning and protective order assistance
- Referrals to community agencies and resources

CMSAC advocates can meet with individuals at many locations: our center, schools, shelters, group homes, churches, or other safe community spaces.

How to Set Up Services

1. Download the **CMSAC Referral Form** (available at www.cmsac.org).
2. Fax completed form to **320-251-4670** or email to **cmsac@cmsac.org** *(Subject line: CMSAC Referral)*

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CMSAC Referral Form

Date: _____ / _____ / _____ **Time:** _____ a.m. / p.m.

Referral Type: ☐ Self ☐ Concerned Person ☐ CMSAC Staff ☐ Outside Agency

Referring Agency (if applicable): _____
Contact Person: _____ **Position:** _____
Phone: (_____) -_____ **Email:** _____

Services Requested or Suggested:

Has the client disclosed being a victim/survivor of sexual violence? ☐ Yes ☐ No
If yes, type(s) of sexual violence disclosed:

If no, what prompted this referral?

Client Information

Client Name: _____ **DOB:** _____ **Age:** _____
Gender Identity: _____ **County of Residence:** _____
Best Phone: (_____) -_____ **Alternative:** (_____) -_____

Parent/Guardian Aware of Situation? ☐ Yes ☐ No ☐ Not applicable
If yes, **Guardian's Name:** _____ **Phone:** (_____) -_____

Is it safe for CMSAC to identify ourselves when we call? ☐ Yes ☐ No
Is it safe for CMSAC to leave a message? ☐ Yes ☐ No

Is the client currently safe, or are there any known risks? ☐ Yes ☐ No ☐ Unsure
If risks are identified, please describe:

Presenting Concern or Reason for Seeking Services:

Confidentiality Notice for Minors: *Minors have the right to request that personal information be withheld from parents or guardians (Minnesota Statute 13.02, Subd. 8). If a youth wishes to receive services without parental involvement, a written request can be submitted to CMSAC for review and approval.*