# Sexual Assault Response Team Advocate (SART)

Client Referral Form

*This form is intended for providers (medical providers, law enforcement, prosecutors, civil legal attorneys, victim advocates, etc.) who would like to refer a survivor or non-offending legal guardian of a survivor to SART advocacy services. Survivors/Guardians **must** provide informed consent to have a SART Advocate contact them. SART Advocates provide support for survivors engaging in systems who have the following needs:*

- *Safety Planning & Advocacy*
- *Legal Referrals*
- *Education Systems Advocacy (Title IX)*
- *Incarcerated Survivor Advocacy*
- *Victims' Compensation Funds*
- *Sexual Assault Forensic Exam Accompaniment*
- *Reporting to Law Enforcement*

***For all other needs or for immediate support, please reach out to our 24/7 Helpline at 1-800-871-7741.***

Provider/Advocate Info:

| | |
|---|---|
| Provider Name: | Provider Phone: |
| Provider Agency: | |
| Provider Email: | |
| Preferred Method of Contact: | |

Survivor/Guardian Info:

| | | | |
|---|---|---|---|
| Client Name:<br><br>Pronouns: | | Phone:<br><br>Email: | |
| Has the client agreed to SART services? | □ Yes<br>□ No | Is it safe to leave a message? | □ Yes<br>□ No |
| County: | | Preferred Method of Contact: | |
| If the client is a minor, has a mandated report been made? □ Yes □ No □ N/A | | | |
| Demographics ('x' where applicable):<br><br>LGBTQIA+: □ Immigrant: □ Interpretation services required? □ If yes, language: | | | |
| Notes for Advocate (*relevant information including how to contact the client, upcoming court dates/meetings, or specific needs. Details of the assault are <u>not</u> necessary):* | | | |
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***Completed forms should be emailed to referrals@sarssm.org.***