|  |  |
| --- | --- |
| Referral Application | Macintosh HD:Users:candicel:Desktop:Google Drive:General RAINN:RAINN Logos:Blue_RAINNLogo.jpg |

### ***Note: Information marked with an \* will be displayed in your listing at*** [***www.centers.rainn.org***](http://www.centers.rainn.org)

## Organization’s Contact Information

|  |  |
| --- | --- |
| \*Organization Name |  |
| Mailing Address |  |
| \*City, State, Zip Code |  |
| \*Counties the organization serves |  |
| \*Business Phone Number |  |
| \*Organization’s Website |  |
| CEO/Executive Director Name |  |
| CEO/Executive Director Email Address |  |

## Primary Contact’s Information

|  |  |
| --- | --- |
| Primary Contact Name |  |
| Primary Contact Title |  |
| Primary Contact Phone Number |  |
| Primary Contact Email Address |  |

## Services Provided

|  |  |
| --- | --- |
| \*Hotline Phone Number |  |
| \*Toll-Free Hotline Number  *If different from Hotline Number above.* |  |
| Does the hotline operate 24 hours a day, everyday? |  |
| *If yes, is the hotline answered by your staff/volunteers*  *24 hours or is it routed to another organization after hours?*    *If not 24/7, what hours does your hotline operate?* |  |
| Who provides the direct services at your organization? *(paid staff, volunteers, etc)* |  |

### \*Please describe your services below.



### \*Please describe any eligibility requirements for services below.



### \*Are the organizations staff/volunteers specially trained to provide services to any of the following populations?

### 

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| ☐ | Disabled | ☐ | Elderly | ☐ | Family of victim/survivor | ☐ | Adults abused/assaulted as children |
| ☐ | LGBTQ | ☐ | Minors | ☐ | Men | ☐ | Teens |
| ☐ | Veterans | ☐ | Homeless | ☐ | Adult Incest Survivors | ☐ | Suicidal Callers |
| ☐ | 2-1-1 | ☐ | Adults experiencing domestic violence | ☐ | Deaf and Hard Hearing (TTY) | ☐ | Non-English Speakers (not including Spanish) |
| ☐ | Spanish Speakers | ☐ | Other: |  |  |  |  |

\*What additional services does your organization provide?

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| ☐ | Group Counseling | ☐ | Individual Counseling | ☐ | Community Education | ☐ | Legal/Criminal Advocacy |
| ☐ | Emergency Shelter | ☐ | Case Management | ☐ | Professional Education | ☐ | Crime Victim Assistance |
| ☐ | Other: |

## Staff and Volunteer Training

|  |  |
| --- | --- |
| Does the organization train staff and volunteer counselors/advocates to meet the diverse needs of sexual assault survivors? |  |
| *If yes, how many hours are required/provided?* |  |
| *Did a mental health professional design the training?* |  |
| Are criminal background checks conducted on all volunteer and staff counselors/advocates? |  |
| Does the organization provide chat or web-based services? |  |
| *If yes, please describe:* |  |
| Does the organization have a written policy stating compliance with your state’s mandatory reporting laws? |  |
| How does the organization provide long-term services to male survivors? |  |

## Collaboration with the State Coalition

|  |  |
| --- | --- |
| Is the organization a member of your state coalition? |  |
| *If no, please explain:* |  |
| Is the organization in compliance with state, county, and local statutes and regulations governing your operations? |  |

**Confidentiality Policy**

Referral organizations will respect client’s rights to confidentiality and will adhere to a confidentiality policy that includes the following items:

* A client will never be pressured into revealing their identity.
* Victim records will not be released without the consent of the victim, except when an organization is obligated by law.
* Reports of the assault will be made to police or other agencies only with the client’s consent, except when an organization is obligated by law to report the attack.



**Non-Discrimination Policy**

Referral organizations shall not discriminate against any individual for reasons of race, color, creed, religion, sexual orientation, gender identity, national origin, sex, age, language, disability or political party identification. Accordingly, equal access to employment opportunities and services is extended to all persons.





**Please return completed application to the RAINN NSAH Affiliate Coordinator:**

**Fax**: 202.544.3556 **Mail**: RAINN 1220 L St NW, Suite 505, Washington, DC 20005 **Email:** ValerieT@rainn.org

Questions? Call the NSAH Director at: 202-751-3220