

# 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](http://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) or neglect, history of unhealthy relationships, homeless/runaway, unable to support themselves or pay for basic needs, risky casual sex or online dating, chemical dependency, involved in child or adult protection, identifies as LGBTQIA+, participates or lives in a behavioral/CD treatment center, residential/foster/group home, or shelter.

**Types of sexual violence:**

- Sexual assault, child sexual abuse, sexual harassment, intimate partner/spousal rape, sextortion, internet and technology crimes of a sexual nature, 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](http://www.cmsac.org)
- Fax 320-251-4670 or email to [cmsac@cmsac.org](mailto: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.*

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## Referral Sheet

Fax 320-251-4670 or Email [cmsac@cmsac.org](mailto:cmsac@cmsac.org) (subject line:  
CMSAC Referral)

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Time: \_\_\_\_\_ am/pm

**Referral:**  Self  Concerned person  CMSAC staff  Outside agency

Name of referring agency (if applicable): \_\_\_\_\_

Contact person's name: \_\_\_\_\_ Position: \_\_\_\_\_

Contact person's phone number: (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_

Contact person's email: \_\_\_\_\_

What type of services are being requested and/or suggested: \_\_\_\_\_

Has client disclosed being a victim/survivor of any type of sexual violation? Yes/No

If yes, what form(s) of sexual violence has the client disclosed? \_\_\_\_\_

\_\_\_\_\_

If no, what prompted you to refer this client to CMSAC? \_\_\_\_\_

\_\_\_\_\_

### Client Information

Client's name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Gender identity: \_\_\_\_\_ County of residence: \_\_\_\_\_

Best phone number to call: (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_

Alternative number: (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_

\*Is parent/guardian/caretaker aware of situation? Yes/No/Not applicable

If yes, guardian's name: \_\_\_\_\_

Guardian's phone number: (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_

Is it safe for CMSAC to identify ourselves when we call? Y/N Is it safe for CMSAC to leave a message? Y/N

Are you currently safe or are there any identified risks? Y/N/Unsure \_\_\_\_\_

Presenting concern(s) and/or reason for seeking services at this time: \_\_\_\_\_

\_\_\_\_\_

*\*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.*