Northwest CASA SEXUAL ASSAULT HOTLINE FORM (To be used only if responding to a hotline call)

Staff/Volunteer Name	Date:
Hours of Service Provided (in .25 increments)	
Telephone Crisis Intervention with Non-ClientTelephone Counseling (with current or former client)	Medical Advocacy
NOTE: If individual is a current or former client of Northwest CASA, place a c	copy of this completed form in client's file.
Age: Sex: ☐ Female ☐ Male ☐ Unknown	☐ Victim -or- ☐ Significant Other
Ethnicity: ☐ Hispanic/Latino ☐ Non-Hispanic/Non-Latino Limited English (language):	Unknown
Race: Check ALL that apply ☐ American Indian/Alaska Nat ☐ Black/African American ☐ White ☐ Native Hawaiian/C	
Caller's/Victim's Name:	Client ID (if applicable)
Address:	County:
Town:Township:	Zip:
*Referred from:*Referre	ed to:
Do you have any current safety concerns? ☐ Yes ☐ I	No (If yes, document safety plan)
Signature Staff/Volunteer	Date

^{*} See Reference Chart for Choices Crisis Intervention