



Referral Application

Please fill out the entire application and verify each section before submitting.

Note: Information marked with an * will be used on the organizations page at 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's Name	
CEO/Executive Director's Email Address	

Primary Contact's Information

Executive Director or Manager

Name	
Title	
Contact Phone Number	
Email Address	

Secondary Contact's Information

Volunteer Coordinator or Manager

Name	
Title	
Contact Phone Number	
Email Address	

Hotline Information

*Hotline Phone Number	
What percentage of the hotline calls you receive are related to sexual assault?	
Does the hotline operate 24 hours a day, 7 days a week?	
If yes, is the hotline answered by your staff/volunteers 24/7, or is it routed to another organization after hours? Please describe.	
Does the organization provide chat or web-based services? If yes, please describe.	
Are criminal background checks conducted on all staff and volunteers?	
Does the organization have a written policy stating compliance with states' mandatory reporting laws?	

Information on Services

Are there any eligibility requirements for that someone calling your hotline must meet to use your services. Please describe in 1-2 sentences below.

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Does your organization provide services to male survivors? Please describe.

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Are there any specific populations that your advocates have expertise in assisting?

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What services do you offer in Spanish?

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Do you offer services in any other language? If yes, please describe.

Are translators available over the phone and/or in person? Please describe.

What kinds of accommodations is your center able to make for survivors with disabilities? Please describe.

What services are available for deaf and hard of hearing survivors?

Please list all of the counties you serve:

Staff Training

How does the organization train their staff and volunteer counselors/advocates to meet the diverse needs of sexual assault survivors?

How many hours are required/provided?

Did a mental health professional design the training?

Does your center require advocates to have specific training in supporting survivors with disabilities?
If yes, please describe:

Please describe any staff/volunteer training that addresses the needs of lesbian, gay, bisexual, and queer sexual assault survivors

Please describe any staff/volunteer training that addresses the needs of transgender and non-binary sexual assault survivors

Please describe any staff/volunteer training that addresses the needs of sexual assault survivors with mental health conditions

How often do you require staff to complete continuing education or refresher trainings? Please describe.

Collaboration with the State Coalition

Is the organization a member of the state coalition? If no, please explain.	
How long has the organization been a member of the state coalition?	
Is the organization in compliance with state, county, and local statutes and regulations governing your operations?	
Is the organization affiliated or certified by any other organizations or accrediting bodies, such as the National Children's Alliance or Tribal Coalitions?	

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

- | | | |
|--|---|--|
| <input type="checkbox"/> Children | <input type="checkbox"/> Adolescents | <input type="checkbox"/> Older Adults |
| <input type="checkbox"/> Men | <input type="checkbox"/> Survivors of military sexual trauma | <input type="checkbox"/> Transgender/Non-binary/Two-Spirit |
| <input type="checkbox"/> LGB/Queer | <input type="checkbox"/> Spanish speakers | <input type="checkbox"/> Non-English or non-Spanish speakers |
| <input type="checkbox"/> Students | <input type="checkbox"/> Adults abused/ assaulted as children | <input type="checkbox"/> Intimate partner violence/domestic violence |
| <input type="checkbox"/> Deaf and Hard of Hearing | <input type="checkbox"/> Adult incest survivors | <input type="checkbox"/> Cyber crimes |
| <input type="checkbox"/> Harmful traditional practices | <input type="checkbox"/> Sexual harassment | <input type="checkbox"/> Human trafficking |

*Please indicate below what services are offered by your organization:

- | | | |
|--|--|---|
| <input type="checkbox"/> 24 Hour Hotline | <input type="checkbox"/> Case Management | <input type="checkbox"/> Child Advocacy Center |
| <input type="checkbox"/> Community Education | <input type="checkbox"/> Counseling/Emotional Support | <input type="checkbox"/> Crime Victim Assistance Advocacy |
| <input type="checkbox"/> Career Services | <input type="checkbox"/> Emergency Transportation | <input type="checkbox"/> Emergency Shelter |
| <input type="checkbox"/> Financial Education | <input type="checkbox"/> Hospital Accompaniment | <input type="checkbox"/> Legal Advocacy |
| <input type="checkbox"/> Local Referrals | <input type="checkbox"/> Medical Attention/Evidence Collection | <input type="checkbox"/> Mental Health Services |
| <input type="checkbox"/> Online Chat | <input type="checkbox"/> Online Support Groups | <input type="checkbox"/> Parent Support Services |
| <input type="checkbox"/> Peer Support Groups | <input type="checkbox"/> Safety Planning | <input type="checkbox"/> Safety Programming for Children |
| <input type="checkbox"/> Sign-Language Interpreters | <input type="checkbox"/> Survivor Support Groups | <input type="checkbox"/> Substance Use Support |
| <input type="checkbox"/> Support Groups for Loved Ones | <input type="checkbox"/> Talking Circles | <input type="checkbox"/> TTY/Video Phone |
| <input type="checkbox"/> Wheel-Chair Accessible Facility | <input type="checkbox"/> Youth Support Groups | <input type="checkbox"/> Financial Education |

We are excited about your interest be a referral organization with RAINN. Below, please share with us why you are interested in partnering with RAINN and how RAINN can assist the organization's efforts to support survivors of sexual violence:

RAINN 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.

I affirm that, as a referral organization, my organization will adhere to the confidentiality policy above.

Executive Director/CEO's Initials: _____

Date: _____

RAINN 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.

I affirm that, as a referral organization, my organization will adhere to the non-discrimination policy above.

Executive Director/CEO's Initials: _____

Date: _____

By Signing below and submitting this application affirm that all answers state in this application are true; that your organization provides free, or low cost, services to all survivors of sexual assault without discrimination on any basis; and that you will abide by the confidentiality policy.

Name of CEO/Executive Director (please print): _____

Signature of CEO/Executive Director: _____ **Date:** _____

Please return completed application to the RAINN NSAH Affiliate and Resources Manager:

Email: MiaN@rainn.org

Fax: 202.544.3556, **Mail:** RAINN 1220 L St NW, Suite 505, Washington, DC 20005

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