

# Sexual Assault Response Services of Southern Maine

## Level II Hotline Form

\*Please complete both sides of form for all Back-up Callers.

<input type="checkbox"/> Crisis Management	<input type="checkbox"/> Support Services	Date Received: _____	(office use only)
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Advocate: \_\_\_\_\_ Date: \_\_\_\_\_ AS Operator: \_\_\_\_\_

Time: \_\_\_\_\_ a.m. or p.m. Phone: \_\_\_\_\_ City: \_\_\_\_\_

Caller: \_\_\_\_\_ Victim (if not caller): \_\_\_\_\_

Primary Concern of Caller \_\_\_\_\_

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### Prior Interactions of Caller with Mental Health Providers/System:

Interaction	Were services helpful			Comments
	Yes	No	?	
Case manager _____	_____	_____	_____	_____
Therapist _____	_____	_____	_____	_____
Psychiatrist _____	_____	_____	_____	_____
Crisis Stabilization _____	_____	_____	_____	_____
Crisis Intervention _____	_____	_____	_____	_____
Crisis Line _____	_____	_____	_____	_____
Mobile Unit _____	_____	_____	_____	_____
Respite Care _____	_____	_____	_____	_____
Other (please specify) _____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

### Concerns Expressed by Caller:

Medical: _____	Legal: _____	Police: _____
Suicide: _____	Hospitalization: _____	Financial: _____
Sexuality: _____	Flashbacks: _____	Anger: _____
Anxiety: _____	Self-Mutilation: _____	Fear of Perp: _____
Family _____	Frustration: _____	Safety: _____
Depression: _____	Isolation: _____	Other: _____

Additional Comments: \_\_\_\_\_

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**Actions Taken by Advocate:**

Actions	Were services helpful			Comments
	Yes	No	?	
Validating: _____	_____	_____	_____	_____
Listening: _____	_____	_____	_____	_____
Accompaniment: _____	_____	_____	_____	_____
Referrals: _____	_____	_____	_____	_____
Crisis Prevention Planning: _____	_____	_____	_____	_____
Coping Skills Development: _____	_____	_____	_____	_____
Grounding Techniques: _____	_____	_____	_____	_____
Containment Techniques: _____	_____	_____	_____	_____
Stress Reduction Techniques: _____	_____	_____	_____	_____
Boundary Setting: _____	_____	_____	_____	_____
Set up check-in/follow-up: _____	_____	_____	_____	_____
Other: _____	_____	_____	_____	_____

**Resources/Referrals Discussed with Caller:**

Police: _____	Therapist: _____	Physician: _____
Pets: _____	Support Groups: _____	Case Manager: _____
Family: _____	Hospitalization: _____	Legal: _____
Crisis Line: _____	Crisis Stabilization: _____	Mobile Unit: _____

Other (please specify) \_\_\_\_\_

**SART Advocate Client:**     Yes     No

**Time Spent with:** (measured in hours)

Caller     .25     .5     .75     1.0     1.25     1.5     1.75     2.0     Other \_\_\_\_\_

Collateral/Follow-up Contact     .25     .5     .75     1.0    With whom did you speak? \_\_\_\_\_

Collateral/Follow-up Contact     .25     .5     .75     1.0    With whom did you speak? \_\_\_\_\_

Collateral/Follow-up Contact     .25     .5     .75     1.0    With whom did you speak? \_\_\_\_\_

**Brief Summary** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please return by the 3<sup>rd</sup> of the month to: SARS, P.O. Box 1371, Portland, ME 04104**