OAESV
Ohio Alliance to End Sexual Violence

ATTN: ER NURSE OR SANE

Please inform the patient that **YOUR ORGANIZATION's** services are available to **anyone** who has been sexually assaulted. These services are **voluntary, free, and confidential**.

We ask that during this time you provide the folder attached to this sheet and ask the patient the following questions and provide their responses to the advocate when you contact the _____ hotline @_____

1. Would you give me verbal permission to contact **RCC** on your behalf? (If the patient answers no, please give them a **RCC** brochure and encourage them to contact us at a later date. If the patient answers yes, proceed with these additional questions.)

2. Do you have a support person with you (family, friend, etc.)?

3. What county do you reside in?

4. Do you have a safe place to go upon discharge? (If the patient answers no, please communicate this to the hotline responder).

5. What is a safe phone number for you to be reached?

6. When would you like to be called by a WRAP advocate?