



### SANE Programs of Texas – Information Sheet Program Information

Name of Program: \_\_\_\_\_

Counties Routinely

Served (list all): \_\_\_\_\_

**What best describes your program:** (Check all that apply)

*Hospital Based* \_\_\_\_\_

*Community Based* \_\_\_\_\_

*Independent Contractor* \_\_\_\_\_

*Military* \_\_\_\_\_

**Services Provided:**  
(Check all that apply)

*Adult Sexual Assault* \_\_\_\_\_

*Acute Child Sexual Assault* \_\_\_\_\_

*Non-Acute Child Sexual Assault* \_\_\_\_\_

*Child Physical Abused & Neglect* \_\_\_\_\_

*Domestic Violence* \_\_\_\_\_

*Elder Maltreatment* \_\_\_\_\_

*Strangulation* \_\_\_\_\_

*Trauma* \_\_\_\_\_

*Human Trafficking* \_\_\_\_\_

24/7 Service? YES \_\_\_\_\_

NO \_\_\_\_\_

Number of SANES on team: \_\_\_\_\_

Name of Medical Director: \_\_\_\_\_

### Contact Information

Name of SANE Director/Coordinator: \_\_\_\_\_

Credentials: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Work Email: \_\_\_\_\_ Other Email: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Website: \_\_\_\_\_