

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: _____