



The Awareness Center, Inc.

P.O. Box 65273, Baltimore, MD 21209
443-857-5560

www.theawarenesscenter.org

Jewish Survivors of Sexual Trauma Resource Guide Resource Questionnaire

The Awareness Center is looking for resources to be included in our online resource guide for Jewish survivors of sexual trauma (childhood sexual abuse, sexual assault, rape, marital rape, professional sexual misconduct, clergy sexual abuse, sexual harassment).

For possible inclusion in our resource guide, fill out the following information. The guide will include various care providers; educators; professional and survivor organizations; holistic health professionals; rabbi's and outreach workers; legal and medical professionals that work with and/or have experience with JEWISH SURVIVORS OF SEXUAL TRAUMA (including adults adolescents and children). Please feel free to make copies of this form and share it others. Filling out this form does NOT insure inclusion in our directory.

Directions: Answer the following questions and check all boxes that apply on the other side of this form. If your credential is uncommon (if you are not a MA, MS, PhD., M.D., LCSW, LCPC, A.T.R., RN, RD, PsyD) please describe the credential (SAMPLE: LCPC = Licensed Clinical Professional Counselor) in the space provided, including the name and address of the organization/agency providing the credential and a copy of your . The Resource Guides will include a glossary of credentials. We also need a copy of your current curriculum vitae (CV).

Return this form and your CV to: The Awareness Center, P.O. Box 65273, Baltimore, MD 21209

Resource Information (please print):

_____		_____	
Agency/Organization		Contact/Title	
_____		_____	
First Name	Last Name	Credentials	
_____		_____	
Address		City	State/Country
_____		_____	_____
Zip Code		_____	
() _____	() _____	_____	
Telephone Number	Cell Number	E-Mail Address	
_____		_____	
Web Page		Blog	

Credentialing Agency/Organization

_____		_____ () _____	
Description of Credential		Credentialing Agency	
_____		_____	
Address		City	State/Country
_____		_____	_____
Zip Code		_____	
_____		_____ () _____	
Description of Credential		Credentialing Agency	
_____		_____	
Telephone Number		_____	

To address the needs of some survivors from the Orthodox Community, we ask the following:

_____		_____ () _____	
Your Rabbi's Name		Address	
_____		_____	
Phone Number		_____	
_____		_____	
<input type="checkbox"/> I Am Shomer Shabbos		<input type="checkbox"/> I Keep Kosher	

How did you hear about The Awareness Center's resource guide questionnaire?

Type of Resource (Check all that apply):

- | | | | | | |
|---|--|--|---|---|--------------------------------------|
| <input type="checkbox"/> Local | <input type="checkbox"/> State | <input type="checkbox"/> Orthodox | <input type="checkbox"/> Chassidac | <input type="checkbox"/> Nutritional Counseling | |
| <input type="checkbox"/> National | <input type="checkbox"/> International | <input type="checkbox"/> Acupuncture | <input type="checkbox"/> Chiropractor | <input type="checkbox"/> Holistic Approach | |
| <input type="checkbox"/> Country: _____ | | <input type="checkbox"/> Political Organization | | <input type="checkbox"/> Bodywork(type) | |
| <input type="checkbox"/> Clearinghouse | <input type="checkbox"/> 24 hr. Hot-line | <input type="checkbox"/> Psychotherapy /Counseling | | <input type="checkbox"/> Journalist/Media | |
| <input type="checkbox"/> Newsletter (include sample copy) | | <input type="checkbox"/> Art Therapist | <input type="checkbox"/> Dance Therapist | <input type="checkbox"/> Educational Programming | |
| <input type="checkbox"/> Non-Profit Organization/Agency | | <input type="checkbox"/> Psychologist | <input type="checkbox"/> Psychiatrist | <input type="checkbox"/> Conferences | <input type="checkbox"/> Training's |
| <input type="checkbox"/> Attorney (specialty) _____ | | <input type="checkbox"/> Social Worker | <input type="checkbox"/> Clinical Therapist | <input type="checkbox"/> Speakers Bureau | |
| <input type="checkbox"/> Law Enforcement _____ | | <input type="checkbox"/> Play Therapy | <input type="checkbox"/> Music Therapy | <input type="checkbox"/> Research | |
| <input type="checkbox"/> Private Investigator _____ | | <input type="checkbox"/> Psychodrama | <input type="checkbox"/> Poetry Therapy | <input type="checkbox"/> Self Help Group | <input type="checkbox"/> Twelve-Step |
| <input type="checkbox"/> Medical Doctor (type) _____ | | <input type="checkbox"/> Child Protection Services | | <input type="checkbox"/> Child Abuse Evaluation Program | |
| <input type="checkbox"/> Dentist | | <input type="checkbox"/> Legal Advocacy/Rape Victims | | <input type="checkbox"/> Hospital/Inpatient | |
| <input type="checkbox"/> Rabbi (affiliation) _____ | | <input type="checkbox"/> Medical Advocacy/Rape Victims | | <input type="checkbox"/> Other: _____ | |
| <input type="checkbox"/> Outreach Worker _____ | | | | | |

Specialty Area (Check all that apply)

- | | | | | | |
|--|--|-----------------------------------|---|--|---|
| <input type="checkbox"/> Adults | <input type="checkbox"/> Adolescents | <input type="checkbox"/> Children | <input type="checkbox"/> Child Physical Abuse | <input type="checkbox"/> Chemical Dependency | |
| <input type="checkbox"/> Male Survivors | <input type="checkbox"/> Female | | <input type="checkbox"/> Childhood Sexual Abuse | <input type="checkbox"/> Sex Addictions | <input type="checkbox"/> Prostitution |
| <input type="checkbox"/> Individual Therapy | | | <input type="checkbox"/> Sexual Assault/Rape | <input type="checkbox"/> Addictions | |
| <input type="checkbox"/> Family Therapy | <input type="checkbox"/> Group Therapy | | <input type="checkbox"/> Ritual Abuse/Torture | <input type="checkbox"/> Bereavement Issues | |
| <input type="checkbox"/> Parents (non offending) | | | <input type="checkbox"/> Cults (type) | <input type="checkbox"/> P.T.S.D. | <input type="checkbox"/> Dissociative Disorders |
| <input type="checkbox"/> Parents (offending) | | | <input type="checkbox"/> Holocaust Survivors (also children of) | <input type="checkbox"/> Sensitive to Gay/Lesbian Issues | |
| <input type="checkbox"/> Parenting Issues (type) | | | <input type="checkbox"/> Survivors of Political Torture | <input type="checkbox"/> Sexual Identity Issues | |
| <input type="checkbox"/> Partners/Friends of Survivors | | | <input type="checkbox"/> Sex Offenders /Adult | <input type="checkbox"/> Hypnosis | <input type="checkbox"/> Biofeedback |
| <input type="checkbox"/> Understanding Halachic Issues | | | <input type="checkbox"/> Sex Offenders / Juvenile | <input type="checkbox"/> Psychological Testing | |
| <input type="checkbox"/> Domestic Violence | | | <input type="checkbox"/> Sexually Reactive Children | <input type="checkbox"/> Provides Supervision | |
| <input type="checkbox"/> Child Neglect | <input type="checkbox"/> Emotional Abuse | | <input type="checkbox"/> Eating Disorders | <input type="checkbox"/> Other: _____ | |
| | | | <input type="checkbox"/> Self Mutilation | | |

Fees Based On:

- | | | |
|---|--|--|
| <input type="checkbox"/> Client Fee | <input type="checkbox"/> Medicare | <input type="checkbox"/> No Fee |
| <input type="checkbox"/> Insurance/Co-Payment | <input type="checkbox"/> Membership Fee | <input type="checkbox"/> Sliding Scale Available |
| <input type="checkbox"/> Medicaid | <input type="checkbox"/> Private Donations | Fee Range \$ _____ to \$ _____ |

Philosophy of Treatment, Personal/Professional Statement and/or Other Comments:
