# Wyoming Family Mentorship Program Application

**Wyoming Family to Family Health Information Center**


Email: emoody1@uwyo.edu | mitchum@uwyo.edu | mrosenba@uwyo.edu

Call: (307) 766-2995 | (307) 766-2761

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## Parent Information

<table>
<thead>
<tr>
<th>Name:</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Primary Language:</td>
<td>Will you need an interpreter?</td>
</tr>
<tr>
<td>Main Phone Number:</td>
<td>Email Address:</td>
</tr>
<tr>
<td>Mailing Address:</td>
<td></td>
</tr>
<tr>
<td>Physical Address (if different than mailing address):</td>
<td></td>
</tr>
<tr>
<td>City:</td>
<td>State:</td>
</tr>
</tbody>
</table>

## Child Information

<table>
<thead>
<tr>
<th>Child(ren)'s Name:</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Child(ren)'s Age:</td>
<td>Child(ren)'s Gender: ☐ Male ☐ Female ☐ Other</td>
</tr>
<tr>
<td>Child(ren)'s Diagnosis/Diagnoses:</td>
<td></td>
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</tbody>
</table>
Please circle where you and your family currently are right now, in terms of crisis, by picking one of the following statements

☐ 1) Everything is fine, my family and I are not in crisis at all.

☐ 2) Everything is fine, but sometimes we have our difficulties.

☐ 3) Things are sometimes stressful, but we can deal with problems if they arise.

☐ 4) Things are often stressful, but we are managing to deal with problems when they arise.

☐ 5) Things are very stressful, but we are getting by with a lot of effort.

☐ 6) We have to work extremely hard every moment of every day to avoid having a crisis continued.

☐ 7) We won’t be able to handle things soon. If one more thing goes wrong - we will be in crisis.

☐ 8) We are currently in crisis, but are dealing with it ourselves.

☐ 9) We are currently in crisis, and have asked for help from crisis services (Emergency room, hospital, community crisis supports).

☐ 10) We are currently in crisis, and it could not get any worse.

Applicant Signature

Signature ______________________________________________________________________________

Print Name ______________________________________________________________________________

Date ____________________________

Please submit this application to:

Wyoming Family to Family Health Information Center
wyoF2F@uwyo.edu
Wyoming Institute for Disabilities
Dept. 4298, 1000 E. University Ave.,
Laramie, WY 82071
The Wyoming Family to Family Health Information Center will be in contact with you within 48-72 hours after receiving this application to discuss your family’s concerns in more detail. Thank you for your patience.