

Wyoming Family Mentorship Program Application

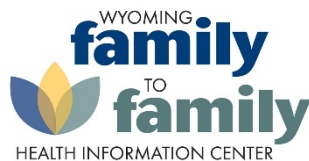
Wyoming Family to Family Health Information Center

<http://www.uwyo.edu/wind/f2f/index.html>

Email: WyoF2F@uwyo.edu

(307) 766-2761

Parent Information		
Name:		
Primary Language:	Will you need an interpreter?	
Main Phone Number:	Email Address:	
Mailing Address:		
Physical Address (if different than mailing address):		
City:	State:	ZIP Code:
Child Information		
Child(ren)'s Name:		
Child(ren)'s Age:	Child(ren)'s Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	
Child(ren)'s Diagnosis/Diagnoses:		



Wyoming Family Mentorship Program Application

Wyoming Family to Family Health Information Center

<http://www.uwyo.edu/wind/f2f/index.html>

Email: WyoF2F@uwyo.edu

(307) 766-2761

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



Wyoming Family Mentorship Program Application

Wyoming Family to Family Health Information Center

<http://www.uwyo.edu/wind/f2f/index.html>

Email: WyoF2F@uwyo.edu

(307) 766-2761

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.

