

NAMI Family-to-Family Participant Application

Name _____ Date _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

How did you hear about NAMI Family-to-Family?

- Newspaper advertisement
- Radio announcement
- A friend
- Church bulletin
- Other (please describe) _____

Relationship of family member:

- Husband/Wife/Significant Other
- Son/Daughter
- Grandchild
- Mother/Father
- Sister/Brother
- Other (please specify) _____

Type of mental illness/behavioral difficulties:

- Schizophrenia
- Bipolar Disorder
- Major Depression
- Anxiety/Panic/phobia
- Borderline Personality Disorder
- Obsessive Compulsive Disorder
- Substance Abuse
- Don't know
- Other (please specify) _____

Living arrangements of family member:

- Lives with me
- Lives with another family member
- Lives in a treatment facility
- Other (please specify) _____

******* To Be Completed By NAMI Staff/Family-to-Family Teacher *******

- Scheduled to attend an upcoming class
Date _____ Location _____
- Placed on waiting list for next class in their area
- Not interested in class at this time
- Other (please specify) _____