



**nami**

National Alliance on Mental Illness

**Gainesville**

(352) 320-0457 [peerservices@namigainesville.org](mailto:peerservices@namigainesville.org) [www.namigainesville.org](http://www.namigainesville.org)

# Referral for Youth Peer Mentoring

Please return this referral form with as much information as you can to:

**[peerservices@namigainesville.org](mailto:peerservices@namigainesville.org)**

**PO Box 358703, Gainesville FL 32635**

Date of Referral:
Referral Source (Agency Name if applicable):
Referral Contact Name & Title:
Referral Contact Phone & Email:
Youth Name & Date of Birth:
Youth Gender & Race:
Parent/Guardian Name & Phone Number:
Parent/Guardian Email:
Youth Physical Address:
With Whom Does Youth Live?
Youth Grade and School:
If Mental Health Diagnosis is Known, Please Specify:
LANGUAGES SPOKEN: English? Spanish? Other:

Reason for Mentor Request:

List Some of Youth's Interests, Hobbies, Strengths:

List Some of Youth's Sources of Stress or Triggers:

What are Some of Youth's Goals?

What are Some of Parent/Guardian's Goals?

If Youth is Receiving Counseling or Psychiatric Care, Please Give Name & Title of Medical Professional:

List any Medications used by Youth and any Known Allergies:

Please Specify any Preferred Days of the Week or Times for Youth to Meet with Mentor. Does Youth have a Computer & Internet at Home for Online Meetings if Needed?

(Optional) Circle religious affiliations with which youth identifies. You can add specifics below:	BUDDHIST	JEWISH
	CHRISTIAN	MUSLIM
	HINDU	OTHER:

**If possible, attach an additional 1-2 pages explaining the youth's history and experiences in recent years.**