



Peer Support Intake Form

Date: _____

Youth: _____ Date of Enrollment: _____

Guardian: _____ Relationship to Youth: _____

Name of Peer Completing Form: _____

Financial Supports currently receiving:

SSI: _____ Section 8: _____ Food Stamps: _____ SSDI: _____ TANIF: _____

Monthly household income of youth's family: _____

Youth's monthly income: _____

Individuals living in the home:

Name	Relationship to Youth

Family Member Outside of Home	Relationship to Youth

Current or past legal involvement:

Arrest	Reason for Arrest

Name of Probation Officer(s): _____

Therapist: _____ Telephone number: _____

Psychiatrist: _____ Telephone Number: _____

Primary Care Doctor: _____ Telephone Number: _____



Families Advocating for Voices of Resilience, Inc.
 Family Support Crisis Intervention Provider



798 Rays Road #94, Stone Mountain, Georgia 30083
Office Phone: 404-499-0078 | **Cell Phone:** 404-587-8286
Fax: 404-499-0079 | **Email:**
 ccoates@favorfamilies.hush.com

Date of Last Health Check: _____

Dentist: _____ Telephone Number: _____

Date of recent Dental visit: _____

School Attending: _____ Grade: _____

Print parent Name	Parent Signature	Date
Print Youth Name	Youth Signature	Date
Print Peer Support Name	Peer Support Signature	Date