



A Free Teen Mental Health Support Group provided by NAMI Austin

REGISTRATION FORM: REQUIRED TO PARTICIPATE

PLEASE PRINT

TODAY'S DATE: _____

Name: _____ Grade: _____

Address: _____ Apt: _____

City, State, Zip: _____

Phone: _____ OK to leave Message? YES

E-mail Address: _____

<p>Emergency Contact (MUST PROVIDE EMERGENCY CONTACT):</p> <p>Name: _____</p> <p>Relationship to you: _____</p> <p>Phone: _____ Alt. Phone: _____</p> <p>Something that helps me when I am in distress: _____</p> <p>_____</p> <p>Something that will not help or may make things worse: _____</p> <p>_____</p>
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How did you find out about the NAMI Austin #OK2Talk Teen Support Group?

Case Worker Therapist Doctor Parents School Staff

Other (please specify): _____

Why are you interested in participating in an #OK2Talk Teen Support Group? _____

OVER

Please initial each of the following:

_____ I understand that the NAMI Austin #OK2Talk Teen Support Group **is a support group and not a therapy group**. This group is not intended to replace professional mental health services but rather to supplement those services.

_____ I understand the goal of the NAMI Austin #OK2Talk Teen Support Group is to create a safe environment in which I can experience support, develop better coping skills and connect with other teens who are living with mental health conditions.

_____ I understand that should a crisis arise, my parent/guardian will be contacted. I further understand that the police will be contacted first should I become a threat to myself or others. I have read the group guidelines and agree to follow them.

_____ I agree to follow the rules of confidentiality. Everything that is said in the group stays in the group. I may talk about the topic of discussion, but I may not say anything about another member of the group. I agree to respect the rights of the other members in the group. I also agree to refrain from engaging in gossip discussion related to other members of the group.

_____ I agree to remain substance use free during this group.

_____ I agree that if a group member tells me he/she is thinking about harming himself/herself, I will tell a group facilitator immediately.

SIGNATURE

DATE

PARENT/GUARDIAN SIGNATURE

DATE

For Office Use Only

AISD

KIPP

AAYHF

The #OK2Talk Support Group is provided at no cost to participants by the Austin affiliate of the National Alliance on Mental Illness (NAMI Austin) thanks to grant funding by the St. David's Foundation. If you'd like to learn more about NAMI Austin's other no-cost programming, need additional resources or have questions about the #OK2Talk Support Group, please contact NAMI Austin Program Director, Jessica Miller at Jessica.miller@namiaustin.org or 512-420-9810 ext. 1003.