

Contact Info Sheet

- Confidential -



Name _____ Date _____

Address _____

City _____ State _____ Zip _____

Email _____

Interested in receiving the Fresh Hope eNewsletter? *Sign up at FreshHope.us*

Phone _____ Preferred method of contact _____

May we follow up with you by phone in the next few weeks? ____ Yes ____ No

What brings you to Fresh Hope? _____

Are you presently being treated by a mental healthcare professional? ____ Yes ____ No

How did you hear about Fresh Hope?

- | | |
|---|---------------------------------|
| ____ Referred by mental healthcare professional | ____ Radio/Newspaper |
| ____ Friend or family member | ____ Pastor/church announcement |
| ____ Facebook | ____ MeetUp.com |
| ____ Fresh Hope website | ____ Sign or poster |
| ____ Referred by Hospital | ____ Conference / Health Fair |
| ____ Other _____ | |

Emergency Contact Information

Emergency Contact _____

Relationship to you _____ Phone _____

Fresh Hope is a Non-Profit Organization. The following is beneficial in applying for grants and funding. Your name will never be used in conjunction with the information below.

Age Category ____ Under 18 ____ 18-24 years ____ 25-49 years ____ 50+ years

Do you have or suspect you have a Mental Health challenge? If so, what diagnosis? _____

Liability Release

Fresh Hope is not intended to replace professional treatment such as therapy and prescribed medications when needed. Rather, Fresh Hope serves as a supplemental support and information system so that members and those who love them might develop tools to help them achieve wellness with their illness on a daily basis in order to live with dignity and hope in Christ.

I have read and understand this release. (Signature) _____