



APPLICATION

FAMILY-TO-FAMILY EDUCATION PROGRAM

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone Nos.: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

Name of Mentally Ill Relative: \_\_\_\_\_ Relationship: \_\_\_\_\_

Age: \_\_\_ Sex: \_\_\_ Age at Onset: \_\_\_ Duration: \_\_\_\_\_ Diagnosis: \_\_\_\_\_

Medications: \_\_\_\_\_

Treatment – Present and Prior: \_\_\_\_\_

\_\_\_\_\_

Living Arrangements: \_\_\_\_\_

Other Information You Want To Provide: \_\_\_\_\_

\_\_\_\_\_

**Your Preference For Taking The Family-To-Family Education Program:**

<b><u>Location:</u></b>	North Orange County: _____	Fall: _____	Morning: _____
	South Orange County: _____	Winter: _____	Afternoon: _____
	Cen. Orange County: _____	Spring: _____	Evening: _____
	West Orange County: _____	Summer: _____	

**Day of Week:** Sun.: \_\_\_ Mon.: \_\_\_ Tues.: \_\_\_ Wed.: \_\_\_ Thur.: \_\_\_ Fri.: \_\_\_ Sat.: \_\_\_

**COMMENTS:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

For NAMI OC Office Use:

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