



**Mental Health Association in Orange County, Inc.**

**FRIENDS Program Application Form**

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

**Parent(s)/Guardian(s) Name:** (Last) \_\_\_\_\_ (First) \_\_\_\_\_

Address (Street, City, and Zip): \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

**Child/Teen Name:** (Last) \_\_\_\_\_ (First) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender:  Male  Female

Language(s) Spoken: \_\_\_\_\_

Child/ teen's emotional age (At what age group does he/she function socially?): \_\_\_\_\_

Diagnosis or Classification- (If Applicable): \_\_\_\_\_

Current Treatment/Provider: \_\_\_\_\_

What are your child/teen's strengths? \_\_\_\_\_

List your child/teen's 2 strongest social skills and rate each on a scale on 1-10 (10 being the strongest)

1. \_\_\_\_\_ 1 2 3 4 5 6 7 8 9 10

2. \_\_\_\_\_ 1 2 3 4 5 6 7 8 9 10

List your child/teen's 2 weakest social skills and rate each on a scale on 1-10 (10 being the strongest)

1. \_\_\_\_\_ 1 2 3 4 5 6 7 8 9 10

2. \_\_\_\_\_ 1 2 3 4 5 6 7 8 9 10

What expectations do you have for your child/teen from attending this group? Be specific, if possible (Ex: I would like him/her to be able to take turns, to approach peers in an appropriate manner, learn how to regulate emotion, etc.).

What groups are your child/teen affiliated with? (Ex: Family Ties, Scouts, 4H, Youth Soccer, Big Brother, Etc.)

How did you hear about the Friends Program? \_\_\_\_\_

Friends groups meet throughout Orange County. Please choose the location of your choice:

Middletown  Newburgh  Port Jervis  Montgomery  Warwick  Other

**The following data is collected for demographic purposes and is optional:**

Does your child identify as transgender?  No  Unknown  Yes, transgender male to female  
 Yes, transgender female to male  Yes, transgender does not identify as male or female

Hispanic Ethnicity?  No, not Hispanic/Latino  Yes  Unknown

If Hispanic is selected:  Not Applicable  Cuban  Mexican  Puerto Rican  Dominican  
 Ecuadorian  Other  Unknown

Race:  White  Black/African American  Asian  American Indian/Alaska Native  
 Native Hawaiian/Other  Pacific Islander  Other  Unknown

If Black African American is selected:  Not Applicable  African-American  African Continent  
 Afro-Caribbean  Other Black  Unknown

Is there any other information that would be helpful for us to know about your child?

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**Please return application to Mental Health Association in Orange County Inc., Attention Friends Program**

**73 James P. Kelly Way Middletown, NY 10940**