

## Youth Peer Support Program Intake Form

**Basic Information:**

Name of Youth: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Gender: \_\_\_\_\_ Pronouns: \_\_\_\_\_

Other identities for your peer supporter to know: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

It is important that my peer supporter shares one or more of these identities with me:  Yes  No

Details: \_\_\_\_\_

\_\_\_\_\_

**Contact Information:**

Type	Phone Number	Ok to call	Ok to leave v/m	Ok to text

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

\_\_\_\_\_

\_\_\_\_\_

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

Social Media (if you would like to use for contact): \_\_\_\_\_

Preferred Methods of Contact: \_\_\_\_\_

**Emergency Contact:**

Name: \_\_\_\_\_ Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Youth Peer Support Program**

**Reason for Seeking Support (Check All That Apply):**

What are you looking for in Peer Support?

- 1 to 1 Support       Social Connection       Attend Events/Groups       Learn Coping Strategies
- Support Groups       Goal Setting       Access Other Services       Be Listened To
- Other: \_\_\_\_\_

What are you looking for support with? (Primary concerns):

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Other supports that you have currently (professional, family/friends, teachers, treatment or groups):

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Accessibility needs (meet virtually, wheelchair accessible, live captions, etc.):

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**Identified Challenges:**

What are some challenges you are experiencing?

- Substance Use or Addiction     Mental Health Concerns     Homelessness or Housing Difficulties
- Bullying     Discrimination or Stigma     New to Kingston or Canada     Social Isolation
- Previous or Current Involvement in CAS
- Other: \_\_\_\_\_

Details:

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**Youth Peer Support Program**

In the last four weeks, have you experienced thoughts of suicide or self-harm?

- Yes                       No

Are you currently experiencing abuse?

- Yes                       No

**Peer Matching:**

My ideal peer supporter is someone who has these qualities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other considerations for matching with a peer supporter (for example: I would like to speak to someone similar to my age or who is a woman, etc.): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**A Note on Peer Matching:**

We will do our best to match each participant with an appropriate peer supporter based on your preferences and identified needs, however we cannot guarantee that your peer supporter will meet every request outlined in this form. We are looking to match participants to peer supports who we feel will be best able to support and connect with you, and this is based on a number of factors. Due to the small scale of this pilot project and our limited number of peer supporters, we cannot guarantee you will receive a peer supporter with specific shared identities or lived experiences. We ask that you include that information in your intake form so that we can accommodate you as best we can at the current moment, and to inform our program development and peer supporter recruitment going forward. Information in this form will be shared with your peer support worker, the program facilitator, and potentially the director of community services at Resolve Counselling. Please sign below to acknowledge consent to share this information with the individuals listed above.

Participant Signature: \_\_\_\_\_

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