



ADVOCACY UNLIMITED, INC.

Youth Peer Bridger Referral Form

Please fill out this questionnaire to the best of your ability. The information you provide will help us to determine how our program may be helpful to you. There are no wrong answers.

Our Mission is to empower youth to navigate life transitions with confidence by providing strength-based peer support grounded in lived experience, hope, and self-determination.

What is a Youth Peer Bridger? A Youth Peer Bridger is a person with lived experience and specialized training who offers 1:1 support, connection to community resources, goal setting, and encouragement - we will be there for you as you take the next step on your personal recovery and wellness journey.

- No cost to participate
- 1:1 peer support
- For young people ages 14-17
- In person, mobile and phone-based support available
- Self-referral accepted
- Call service available 24/7
- No diagnosis or previous treatment required
- No DCF involvement require

If you have questions, please email youthbridger@advocacyunlimited.org or call (888) 996-9667

Complete this form online: www.advocacyunlimited.org/youthpeersupport or text "INSPIRE" to 51555

*Please refrain from including sensitive or confidential material (i.e. protected health information)

Today's Date: _____

Are you filling this form out for yourself? (Circle) Yes or No If No, what is your name? _____

REFERRAL INFORMATION

Name: _____ Pronouns: _____

Address: _____

Phone: _____ Email: _____

Can we text you? (Circle) Yes or No

What is the best time to contact you? (Circle All That Apply) Morning / Afternoon / Evening

Date of Birth: _____ Emergency Contact: _____

What is your life like right now?

How can we help?

Is there anything else you would like to share?

This form can be returned by:

Email: youthbridger@advocacyunlimited.org | Fax: 860.259.5731 | Mail: 2075 Silas Deane Hwy, Rocky Hill, CT 06067