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 12-17
- 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