**SHER VANCOUVER LGBTQ FRIENDS SOCIETY**

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**PEER SUPPORT GROUP**

Meets Every Sunday at City Centre Library

Room 402

By Surrey Central Skytrain

2:00 pm to 4:30 pm

For Queer South Asians Youth and Friends who are 19 to 30 years of age

**CONFIDENTIAL INTAKE FORM**

**BASIC INFORMATION**

* First and Last Name:
* Pronouns:
* Date of Birth (Month, Day, Year) (Optional):
* Address of Residence (Optional):
* Email:
* Cell:
* Can we leave a discrete text message?
* Can we leave a discrete voice message?
* What are your goals for joining the peer support group?

**EMERGENCY CONTACT**

* First and Last Name:
* Relationship:
* Cell:

**RISK ASSESSMENT**

* How would you rate your mood over the last week if 10 is good?
* Would you like to speak to a counsellor to get help?
* Do you need any referrals to any other community agencies for support? If so, what type of support do you need?

**SHER VANCOUVER**

* How did you hear of this peer support group?
* Would you like to meet with our Manager of Outreach and have an orientation to the programs and services of Sher Vancouver?
* Would you like to volunteer with Sher Vancouver?
* Would you like to be added to the official Sher Vancouver monthly newsletter? If so what is your email address?

**DEMOGRAPHIC AND STATISTICAL INFORMATION**

* Age:
* Gender:
* Ethnicity:
* Religious Background:
* Sexual Orientation:

## PLEASE RETURN FORM TO

## info@shervancouver.com