

Through the Eyes of a Parent:
Walking with loved ones through the unthinkable

Application

Name: _____ Date of Birth: _____

Home Phone _____ Cell Phone: _____ Okay to text: Yes No

Address: _____

*Note: Applicants may be subject to background checks

Loved One

Name: _____ Age: _____

Briefly share your experience:

Describe your current relationship with your loved one:

Relationship (EX: Brother) _____ Do they live with you? Yes No

Tell us a little about: (physical, mental and emotional health)

Are you taking any medications? Yes No Are you seeing a therapist? Yes No

What are your expectations as you participate in this process?

Print Name: _____ Sign Name: _____ Date: _____

Convergence Resource Center
7961 North 76th

Milwaukee, WI 53223

Phone: (414) 979-0591

Email: ttep@convergenceresource.org