

Welcome to The Sapling Center

Name: _____

Date of Birth: _____

Phone: _____

How satisfied are you with your mental health right now?

Very Dissatisfied

Dissatisfied

Satisfied

Very Satisfied

How supported do you feel in your life currently?

Very Unsupported

Unsupported

Supported

Very Supported

Would you like non-judgmental support?

Please check all that apply.

- ☐ Mental Health
- ☐ Alcohol and/or Drug Use
- ☐ I am not currently in need of these supports

Would you like to talk with someone who has experiences similar to yours? ☐ Y ☐ N

Are you in need of immediate assistance?

Please check all that apply.

- ☐ Basic Needs (food, clothing, hygiene, etc.)
- ☐ Crisis Assistance
- ☐ Housing/Emergency Shelter
- ☐ Sober Living
- ☐ Other: _____
- ☐ I am not in need of immediate assistance



May we contact you about events and activities happening at The Sapling Center? ☐ Y ☐ N

If yes, please select your preferred method(s).

☐ Phone Call

☐ Other: _____

**You may stop here.
Thank you for your response.**

For Staff Use Only.

If any, what immediate needs did the young person identify?

**Did the young person provide any information that indicated they were in crisis or needed emotional support immediately?
If yes, what did the staff provide? Please explain.**
