

CAMP HOPE & Pathways Mentoring



Caregiver Interest Form

Please take your time to thoughtfully answer the questions below. After receiving completed forms from ***both*** you and the referring Community Partner, we will reach out to schedule an informal "Meet and Greet" with you and your child. This is a low-key opportunity for you to learn more about Camp HOPE and Pathways Mentoring and how HAVEN can best support both you and your child on this healing journey.

**All information collected is confidential and will not be shared without written permission.
Completed forms can be emailed to pathways@havennh.org*

Your Name:

Your Relationship to Child:

Address:

Phone#

Email:

Best contact time:

Is it safe to: *Leave message?* Yes No *Text?* Yes No *Email?* Yes No

Child's Name:

Child's DOB:

Child's Grade - Sept. 2023:

Child's School:

What specialized services is your child receiving?

How long ago was your child impacted by trauma and have they been able to process with a professional?

How does your child react when they are stressed, angry or experiencing conflict?

Please describe any behavioral issues your child is working through.

What are your child's strengths?

What activities does your child enjoy?

What do you think your child might gain from participating in Pathways and Camp HOPE programing?