



# Franklin County

## FAMILY-TO-FAMILY CLASS REGISTRATION

Please mark one of the dates below.

☐ **Date:** Thursday, March 16-June 1, 2017—**Location:** Chalmers P. Wylie VA Ambulatory Care Center, 420 North James Road, Education Bldg., Room 2A092, Columbus 43219

**Time:** 6:30-9:00 p.m.

☐ **Date:** Thursday, August 24-November 16, 2017 (no class September 27)—**Location:** Jewish Family Services, 1070 College Ave., Helen Zelkowitz Conference Room, Columbus 43209

**Time:** 6:30-9:00 p.m.

☐ **Date:** Sunday, October 8-November 12, 2017—**Location:** NAMI Ohio, 1225 Dublin Road, Suite 125, Columbus 43215

**Time:** 1:00-5:30 p.m.

*Note: The six-week class covers all material provided in the standard 12-week class.*

Name \_\_\_\_\_

Address \_\_\_\_\_

City, ZIP \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**Note:** This class is for the family, friend, or caregiver of the person with mental illness. It is NOT for the person with the diagnosis.

Do you have a handicap that requires accommodation?    Yes      No

Who is the person with mental illness? \_\_\_\_\_  
(For example: son, daughter, parent, spouse, sibling, grandparent, etc.)

What is *your* relationship to the person with mental illness? \_\_\_\_\_  
(For example: parent, spouse, sibling, grandparent, etc.)

Are you involved with their care and/or do you interact with them regularly?    Yes      No

What is the diagnosis? \_\_\_\_\_

How old is the person with mental illness? \_\_\_\_\_ How long has he or she had symptoms?

Can you attend all classes?    Yes    No    Maybe    **(Please do not rotate family members or send a representative.)**

How did you hear about this class? \_\_\_\_\_

(over)

This class uses a teaching curriculum with various learning modules for each week. Each session builds upon material presented in previous weeks; weekly class attendance is of primary importance. It is not a support group setting, but throughout the class you will receive support.

**Please return this form to our office by mail, fax, or email:**

NAMI Franklin County  
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Fax: 614-501-6267  
karen@namifc.org