



Via Hope Focus Group Application

Name: _____ Age: _____

Texas city that you live in or closest to: _____

Contact phone number: (____) _____ Email address: _____

What is the best way to reach you? Phone ____ Email ____ Either One ____

Pizza will be provided. Do you have any allergies or special dietary needs? _____

The focus group will be held on a weekday evening. Do you have access to transportation in order to attend the focus group? Yes ____ No ____

Tell us about your interest in mental health issues.

Tell us about activities around mental health that you are already involved with.

Tell us about your interest in participating in the focus group.

How did you hear about the focus group? _____



Tell us about what you would like to get out of the focus group.

Is there any other information that you feel like we need to know in considering you for the group? If so, what would you like to tell us?

Signature

Date

If you are under age 17, your parent or legal guardian must sign below:

I am the parent/legal guardian of _____ and I hereby give my permission for my child to participate in this focus group.

Parent/Guardian printed name and signature

Date

Please Mail, Fax, or Email the completed application to:

Mailing Address:

Fax: (512) 693 – 8000

Email: info@viahope.org

Youth Coordinator with Via Hope
c/o NAMI Texas
2800 S IH 35, Suite 140
Austin, Texas 78704

We will **call** or **email** you a week in advance to let you know if you have been selected!
Thank you for your interest.