



Nicole Edwards
Blynd Faith Outreach Ministry
2302 Nash Street N Suite 306
Wilson, NC 27896
(301) 707-4306

*“Helping youth find
their independence
while providing
them with a safe
place to thrive”*

Blynd Faith Outreach Mentor Application

Client Name: _____ Date: _____
Social Security Number: _____ D. O. B. _____ Age: _____ Grade: _____
Address: _____
Home Phone: _____ Cell Phone: _____
Race: _____ Ethnicity: _____
Emergency Contact: _____

Parent/Guardian Information

Parent Name: _____
Work Phone: _____ Cell Phone: _____
Address: _____
Employer: _____

Medical Information

Insurance Carrier: _____
Insurance ID #: _____
Insurance Carrier Address:

PCP Name: _____
PCP Phone: _____
Medication(s):

Application Number: _____

Mentor: _____



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Intake Notes

What is the purpose of visit:

Background Information:

Application Number: _____

Mentor: _____



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Previous Diagnosis:

Clients Demeanor During Intake:

Parents Demeanor During Intake:

Application Number: _____

Mentor: _____