

The Bettered Men Foundation Support Group Intake Form

Welcome to the support group for The Bettered Men Foundation. This is a safe and supportive space where you can connect with others who share your experiences and challenges, learn new coping skills and strategies, and find hope and healing. By filling out this intake form, you will help us get to know you better and tailor the group to your needs and preferences. The form will also help you clarify your goals and expectations for the group. Please answer the questions honestly and completely. Your information will be kept confidential and will only be used for the purpose of the support group. Thank you for your interest and participation!

Personal Information

Name: _____ Date of Birth: _____

Address: _____ Phone: _____

Email: _____

Reason for Joining

Please briefly describe why you are interested in joining this support group:

Expectations and Goals

What do you hope to gain from participating in this support group?

What are some of the goals that you have for yourself in relation to this support group?

Preferences

How do you prefer to communicate with the group facilitator and other group members?
(Check all that apply)

Phone Email Text Video call In-person

How often would you like to meet with the group?

Weekly Biweekly Monthly Other: _____

What days and times are you available for group meetings?



Consent

Please read and sign the following statement:

I understand that this support group is not a substitute for professional counseling or therapy, and that the group facilitator is not acting as my therapist. I agree to respect the confidentiality, privacy, and boundaries of other group members, and to abide by the group rules and guidelines. I understand that I can withdraw from the group at any time, and that I am responsible for my own well-being and safety.

Signature: _____ Date: _____

