

teen Mental Health First Aid Application

Date: _____

School/Youth organization Information: _____

Address: _____ City, State, Zip Code _____

Contact Person's Name: _____

Job Title or Position: _____

Phone Number of contact person: _____ Email of contact person: _____

Is your organization:

- Profit
- Non-profit

Are you part of 4-H Youth Organization?

- Yes
- No

If you are part of 4-H and payment is coming from MSU account:

MSU Account # _____

MSU Subaccount # _____

Will your funding be from:

- Federal funds
- State funds
- Local funds
- Individuals will pay their own fee
- Other

Which form of training are you most interested in receiving? (Virtual hasn't been released yet)

- In person at our school
- In person at a community location
- Virtual
- Blended

*MSU Extension will provide a secure zoom link for virtual training.

I understand that this training is for a full grade level either 10th, 11th, or 12th graders or a youth serving organization, program, or community site that serves youth, the program must be taught to an entire group of teens (15-18 years old) in that setting.

- Yes
- No

I understand that 10% of adult staff at the training location must be trained in Youth Mental Health First Aid before your organization begins to teach teen Mental Health First Aid to youth.

- Yes, 10% of our staff are already trained in YMHFA
- Yes, but we need our staff trained first (This could happen virtually)
- No, I was not aware of this

Number of students at grade level selected or youth setting? _____

To ensure participant safety:

- A mental health professional will be available while the course is being taught.
- A protocol for responding to participants in distress will be created.
- There will be at least two adults in the training room at all times.
- The tMHFA exit ticket will be reviewed at the end of each session before participants are dismissed.

1st Start Date and Time Request: (This training can be six 45-minute sessions or three 90-minute sessions)

2nd Start Date and Time Request:

3rd Start Date and Time Request:

Will any participants require any translation services, special accommodations or cultural considerations?

Yes _____

Maybe

No

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