

**Youth Peer Support
Training Registration Form**

PIHP: _____

CMHSP: _____

Address: _____

**Family or Contract
Organization** (if applicable) _____

Address _____

Name of person who will supervise YPSS(s) _____

Youth Peer Support Specialists to Attend Cohort _____:
(Cohort # or Date)

Name: _____

Hire Date _____

Mailing Address _____

Office Phone: _____ Cell phone _____

Work Email: _____

Dietary Needs? _____

Other Needs? _____

Name: _____

Hire Date _____

Mailing Address _____

Office Phone: _____ Cell phone _____

Work Email: _____

Dietary Needs? _____

Other Needs? _____

Please make additional copies if needed.

Return this form to Lori Hooker, Administrative Assistant:

Electronically: lhooker@acmh-mi.org

Mail: 6017 W. St. Joe Hwy, Suite 200, Lansing, MI 48917.

Fax: (517) 372-4032

If you have any questions, please call 517-372-4016