

# SUPPORT NETWORK GRID

Name: \_\_\_\_\_

Date: \_\_\_\_\_

GROUPS OF PEOPLE	GOOD SOURCES OF SUPPORT IN MY LIFE (PAST AND PRESENT)					
	TYPES OF SUPPORT					
	EMOTIONAL SUPPORT	SOCIAL SUPPORT	ADVICE AND INFORMATION	LENDING A HAND / HELPING OUT (LOGISTICAL SUPPORT)	FINANCIAL SUPPORT	OTHER
Significant other or close friends						
People I live with now						
Family						
Friends, coworkers, acquaintances						
Community programs, services, people						
Others						