



# Mental Wellness Starts With Friendship

## **ADULT REFERRAL PACKET**

1. The Mental Health Professional (professional providing counseling and/or medication monitoring) should complete this application with input from their client. If the referral is completed via provider proxy, **the provider must review, approve, and sign the referral.**
2. Review and keep the **Application Guidelines (MHP)** for your records.
3. Review the **Application Guidelines (Applicant)** and **Compeer Niagara Match Guidelines** with client and have them keep for reference.
4. Complete the application in its entirety and return to Compeer Niagara.

**Return the required forms to:**  
Mental Health Association in Niagara County, Inc.  
Attn: Compeer Niagara  
36 Pine St.  
Lockport, NY 14094

Feel free to call us at (716) 433-3780 if you have any questions.

Once we receive the completed application, you or the applicant will be contacted.

**Thank you for your interest in the Compeer Niagara Program.**

**Please continue to the next page.**

# Application Guidelines

## (For the Mental Health Professional)

*Compeer Niagara is a non-profit, volunteer-based program that serves Niagara County residents who have a mental health diagnosis and limited social supports. Our aim is to improve the quality of life and self-esteem of our clients through social inclusion, friendship, and fun.*

*Compeer Niagara Volunteers are screened, trained, and supported to engage in social activities with approved participants averaging 4 hours per month for a 12-month period. In addition, Compeer Niagara offers group programming throughout the year. These low-cost events take place throughout Niagara County and vary month to month. These events provide community based social inclusion and the opportunity to build relationships with fellow participants.*

### **Please note:**

- The goal of Compeer Niagara is to match participants with a volunteer. However, there is no guarantee of **if/when** your client will be matched. This is based on the availability of volunteers. Once a volunteer becomes available, there are several factors considered before making a match. These include: gender, age, geographic location, and shared interests. A copy of the Compeer Niagara Match Guidelines is enclosed. Be sure to review this with your client, ensuring their understanding and agreement prior to applying for the program.
- Pertinent information, both psychiatric and medical, should always be disclosed. All information is kept confidential.
- Mental Health Professionals play an important role in supporting Compeer Niagara. You are the primary contact for issues of concern regarding your client.

In your role, **you, (the Mental Health Professional) will:**

- Ask your client about their Compeer Niagara experiences during your regular consultations.
- Contact/respond to Compeer Niagara staff to discuss any concerns regarding your client that have an impact on the client's participation.
- If/when your client is matched, you will be asked to evaluate the Compeer Niagara Program annually.

**Please ensure that you agree to fulfill these responsibilities before completing the application.**

**PLEASE KEEP THIS FORM FOR YOUR RECORDS**

# Application Guidelines

## (For the Applicant)

*Compeer Niagara is a non-profit, volunteer-based program that serves Niagara County residents who have a mental health diagnosis and limited social supports. Our aim is to improve the quality of life and self-esteem of our clients through social inclusion, friendship, and fun.*

*Compeer Niagara Volunteers are screened, trained, and supported to engage in social activities with approved participants averaging 4 hours per month for a 12-month period. In addition, Compeer Niagara offers group programming throughout the year. These low-cost events take place throughout Niagara County and vary month to month. These events provide community based social inclusion and the opportunity to build relationships with fellow participants.*

### **Please note:**

- Quarterly participation is required from all participants. The quarters are as follows:  
[January, February, March] [April, May, June] [July, August, Sept.] [October, November, December]
- Participation can be obtained by completing any of the following options at least once per quarter:
  1. Attend an event.
  2. Request an in-person visit with the Compeer Niagara staff.
  3. Spend time with your volunteer **(once you have become matched)**.
- The goal of Compeer Niagara is to match participants with a volunteer. However, **there is no guarantee of when or if you will be matched.** This is based on the availability of volunteer and other factors including: gender, age, geographic location, and shared interests.
- Review the Compeer Niagara Match Guidelines with your provider.
- You will contact the office with any change in phone number, address, or Mental Health Professional information. These pieces of information must be kept current at all times.
- You will complete a yearly survey.
- You are responsible for transportation to/from, and the \$5.00 donation listed for events.

**Ensure that you agree to fulfill these responsibilities before your Mental Health Professional completes the application.**

**PLEASE KEEP THIS FORM FOR YOUR RECORDS**

# Eligibility Criteria

Applicant Name \_\_\_\_\_

1.	The applicant is 18 years of age or older.	True/ False
2.	The applicant is a Niagara County resident.	True/ False
3.	The applicant is receiving services from a Mental Health Professional.	True/ False
4.	The applicant has a primary DSM-IV or 5 diagnosis other than substance use disorders, organic brain syndromes, or developmental disabilities.  Principle diagnosis_____ DSM-IV or 5 Code  Other diagnosis_____ DSM-IV or 5 Code	True/ False
5.	The applicant <u>wants</u> but lacks friends and has limited social supports.	True/ False
6.	The applicant has some insight into their diagnosis.	True/ False
7.	The applicant is independent with their personal mobility.	True/ False
8.	The applicant is in the recovery stage of their illness and is <b>not</b> acutely suicidal.	True/ False
9.	The applicant is in the recovery stage of their illness and is <b>not</b> physically or verbally aggressive.	True/ False
10.	The applicant is in the recovery stage of their illness and does <b>not</b> have thoughts to harm themselves or others.	True/ False
11.	The applicant is in the recovery stage of their illness and is <b>not</b> engaging in substance abuse and has maintained a period of sobriety.	True/ False
12.	The applicant has <b>not</b> been convicted of a sexual or violent offense.	True/ False
13.	The applicant has reviewed and agreed to all program guidelines.	True/ False

**If you answered *True* to all the criteria above, please proceed with the application. If you answered *False* to any of the above, your client does not currently meet eligibility requirements. Please contact Compeer Niagara with any questions regarding eligibility.**

# Service Linkage

What other Office of Mental Health operated or certified mental health outpatient programs is the applicant *currently* utilizing? (Examples: Hope House; Adult SPOA; Respite; Dale Association PROS, peer specialist, outpatient clinic; MHA peer specialist; CMI; etc.). Please list below.

Start Date \_\_\_/\_\_\_/\_\_\_ Program \_\_\_\_\_

Start Date \_\_\_/\_\_\_/\_\_\_ Program \_\_\_\_\_

Start Date \_\_\_/\_\_\_/\_\_\_ Program \_\_\_\_\_

Has the applicant had contact with Crisis or Emergency Mental Health Services within the **past 1 year**? Please list below.

Service Utilized \_\_\_\_\_

Service Utilized \_\_\_\_\_

Service Utilized \_\_\_\_\_

Has the applicant had any stays within the **past 1 year** at an inpatient psychiatric unit? If yes, please list:

Date \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_ Location \_\_\_\_\_

Date \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_ Location \_\_\_\_\_

Date \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_ Location \_\_\_\_\_

## Social Function Assessment

**Please check off any that consistently apply to the applicant.**

- Tends to** self-isolate
- Tends to** self-isolate when in groups
- Does not** spend time in the community other than for necessities (grocery shopping, banking, etc.)
- Does not** have a supportive relationship with their peers (friendship)
- Does not** have the skills to effectively and appropriately communicate with family and friends
- Does not** independently form contacts with potential friends or interact with strangers
- Does not** develop and maintain social and recreational activities outside the home
- Does not** follow through on social activities
- Does not** maintain regular contact with service providers
- Does not** organize and schedule personal activities
- Does not** consistently/effectively communicate via phone
- Does not** access community resources (libraries, recreational facilities, etc.)

# Personal Information

*Demographic information is required; however, it does not impact the applicant's ability to receive services.*

Today's Date \_\_\_/\_\_\_/\_\_\_ Applicant Name \_\_\_\_\_

Date of Birth \_\_\_/\_\_\_/\_\_\_ Gender Identity \_\_\_\_\_ Primary Language \_\_\_\_\_

Current Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Type of Residence (private, supervised residential care, etc.) \_\_\_\_\_

Name of Residence and Contact Person Info \_\_\_\_\_

Number in household, including self \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Is this person on Medicaid? **YES / NO** List private or other Health Insurance \_\_\_\_\_

Income Source(s): (circle any that apply) SSI SSD Other \_\_\_\_\_

Income Level:

Less than \$10,000 \_\_\_ \$10,001 - \$14,999 \_\_\_ \$15,000 - \$19,999 \_\_\_ \$20,000 - \$24,999 \_\_\_

\$25,000 - \$29,999 \_\_\_ \$30,000 - \$34,999 \_\_\_ \$35,000 - \$39,999 \_\_\_ \$40,000 - \$44,999 \_\_\_

\$45,000 - \$49,999 \_\_\_ \$50,000 and above \_\_\_

Race: African American \_\_\_ White \_\_\_ Native American \_\_\_ Asian \_\_\_ Hispanic \_\_\_

Other (Please specify) \_\_\_\_\_

Religion \_\_\_\_\_ Will this be a factor when choosing a Compeer Niagara volunteer? **YES / NO**

Military Service: **YES / NO** Branch \_\_\_\_\_ Years in Service \_\_\_\_\_

Marital Status:  Single  Married  Divorced  Significant other/Partner  Widowed

Applicant's Contact with Family:  Frequent  Occasional  Never

Is the applicant pregnant or parenting? **YES / NO** Ages \_\_\_\_\_

Does the applicant have grown children? **YES / NO** Ages \_\_\_\_\_

# Physical and Medical Information

Briefly describe this person's physical appearance.

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Does this person have a dual diagnosis? **YES / NO** Please specify\_\_\_\_\_

Please list any other disabilities and/or disorders\_\_\_\_\_

Please list any chronic medical conditions\_\_\_\_\_

Please list any dietary limitations or food allergies\_\_\_\_\_

Does this applicant have a history of alcohol or drug abuse? **YES / NO**

Please describe\_\_\_\_\_

Is it being addressed? **YES / NO** Please detail\_\_\_\_\_

Is this person a smoker? **YES / NO**

Can they refrain from smoking when with their volunteer? **YES / NO**

Is this person taking medications? **YES / NO** If yes, please note how it may affect the Compeer Niagara

friendship\_\_\_\_\_

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Is this person able to get in and out of a vehicle independently? **YES / NO**

*If the applicant requires physical assistance transferring, physical assistance to ambulate, or any medical assistance, it is the responsibility of the applicant to obtain transportation/assistance on their own behalf. Compeer Niagara staff and volunteers are unable to provide any physical/medical assistance.*



# Additional Information

Employment background \_\_\_\_\_

If currently employed; where, days, hours worked \_\_\_\_\_

Education: Highest grade completed \_\_\_\_\_ Reading Level \_\_\_\_\_ Writing Level \_\_\_\_\_

Has the applicant ever been in trouble with the law? **YES / NO**

Please describe \_\_\_\_\_

Does this person drive their own car? **YES / NO** Use public transportation? **YES / NO**

What support system does the applicant have? \_\_\_\_\_

Describe the applicant's personality or way of relating to others \_\_\_\_\_

Why do you feel this person needs Compeer Niagara? Include expectations and goals of their relationship.

Please list activities and hobbies of interest (Examples: arts and crafts, community outings, outdoor activities, cooking, games or sports, etc.) \_\_\_\_\_

Please list suggestions to guide the Compeer Niagara volunteer in developing the relationship.

## Volunteer Preferences

Applicant would like a Compeer Niagara volunteer who is:

- Any age     18-29 years     30-50 years     Over 50 years
- Same race     Any race/No preference
- Smoker     Non-smoker     No preference
- Particular Religion \_\_\_\_\_

When is the best time for the applicant to meet with the volunteer? (Check all that apply)

- AM     PM     Weekdays     Weekends

## Mental Health Professional Information

Name \_\_\_\_\_ Title \_\_\_\_\_

Agency \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

## Other Mental Health Professional/Case Manager Information

Name \_\_\_\_\_ Title \_\_\_\_\_

Agency \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

Referral completed by \_\_\_\_\_ Relation to client \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

(Must be approved by the Mental Health Professional providing treatment and in agreeance to enclosed guidelines)

## Disclosure Statement

All information relating to the client's mental health history is disclosed in this referral, including any history of behaviors that would be of concern to a volunteer, fellow participant, service provider, or community member's safety (i.e. aggressive or violent behavior, chemical dependency, criminal/legal history, stealing, severely impaired judgement, recent hospitalizations, etc.).

Please use this space to provide additional information if necessary.

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Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

(Must be the Mental Health Professional completing this referral)

# Compeer Niagara Match Guidelines

- Compeer Niagara volunteers commit to investing four (4) hours per month in their match. You and your friend will decide what you want your relationship to look like. Although this time can be a combination of phone calls and in-person visits, we have found that weekly contact works well for most matches. For example, many matches have weekly phone calls and 1-2 in-person visits per month.
- Be sure to keep your interactions balanced. Overdoing it can lead to burnout and inconsistency can lead to frustration. Remember to stay active with your other personal relationships and try to participate in organized social activities. Compeer Niagara offers monthly group activities that both volunteers and participants are invited to attend. This is a great way for matches to get together.
- Communication is key. If a change in plans is needed by either party, please be sure to inform one another. Be sure to communicate with Compeer Niagara staff as well. This includes information relating to monthly activities, any change in address, telephone number, or mental health professional, concerns regarding your match, etc.
- Understanding is essential. Remember, volunteers and participants have obligations and commitments outside of Compeer Niagara. Continue to maintain your personal priorities (i.e. Appointments, work, personal relationships, etc.)
- It is important to plan activities you both can enjoy. When planning, consider personal and physical limitations, comfort levels, individual preferences, and budget. The monthly activities hosted by Compeer Niagara meet these considerations.
- The goal is to spend time together, not spend a lot of money. Each person is to pay their own way. The borrowing and lending of money should not be part of a Compeer Niagara relationship.
- Compeer Niagara volunteers are supportive friends, not health professionals nor personal assistants, etc. Time spent together should be social and focused on friendship.
- Time together should be just the two of you. Keep outings that include other people to a minimum, if at all.
- Illegal activities and dangerous situations are prohibited from any Compeer Niagara programming.
- Compeer Niagara matches are not lifetime commitments but are limited voluntary time spent together. People's schedules and life situations change and matches do come to an end. Participation in the Compeer Niagara program is voluntary for both volunteers and participants.
- Sometimes a Compeer Niagara volunteer or friend has previously been matched with someone else. If this is the case, you are reminded to keep the previous match confidential. This means that you may not discuss names or particulars concerning the previous match.
- Appreciation and respectful feedback go a long way and will result in a more meaningful experience.
- It is understood that if my friend makes any threats to harm themselves or somebody else, the volunteer has the duty to contact crisis or emergency services, Compeer Niagara staff, or other appropriate person to ensure safety. It is understood that concerns of any nature will be reported to Compeer Niagara staff. The phone number for Crisis Services is 716-285-3515.
- It is understood that a monthly report will be completed by the volunteer, noting the type and duration of interaction. Surveys and annual updates will also be completed.