



ADULT REFERRAL PACKET

1. The Mental Health Professional (professional providing counseling and/or medication monitoring) should complete this application with input from their client. Please read and keep the **Application Guidelines for your records**.
2. Please fill out the **Eligibility Criteria Form**. (*Return this to Compeer*).
3. Please fill out the **Application**. (*Return this to Compeer*).
4. Please review the **Compeer Niagara Guidelines** with client and have them keep for reference.
5. Please sign the **Release of Information form**. (*Return this to Compeer*).
6. **Return the original forms indicated to Compeer Niagara via mail**.

Please make a copy of the completed, signed Application and Release of Information for your records.

Return the required forms to: MHA in Niagara County
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 will be contacted.

Thank you for your interest in the Compeer Niagara Program.

Please return pages 3-8 to Compeer along with the Authorization for Release of Information

Application Guidelines

(For the Applicant and the Mental Health Professional)

Compeer is a non-profit program that matches trained volunteers in one-to-one friendships with same-gender adults who have a mental health diagnosis. Our aim is to improve the quality of life and self-esteem of our clients through social inclusion, enjoyable activities, and the experience of mutual trust in a non-clinical setting.

Compeer Volunteers come from all over Niagara County. They are screened, trained, and supported to offer individual social activities with approved applicants for about 4 hours per month for at least a 12-month period. In addition, Compeer Niagara offers group social activities throughout the year. These low-cost events take place throughout Niagara County and vary month to month. Individuals are encouraged to attend these events which provide social inclusion and the opportunity to build relationships with fellow participants. Compeer staff and volunteers view themselves as an adjunct to your therapeutic interaction. All information is confidential.

Please note:

- The goal of Compeer is to match participants with a volunteer. However, there is no guarantee of *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. Should a volunteer become available for your client, your client's participation is required. A copy of Compeer Niagara 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 – either on the referral form or in conversation with the Compeer staff. All information is kept confidential.
- Mental Health Professionals play an important role supporting Compeer. You are the primary contact for issues regarding your client.

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

- Ask your client about their Compeer activities during your regular consultations
- Be available for the Compeer staff to discuss any concerns regarding your client
- Receive reports from Compeer once your client is matched
- Once your client is matched, you will be asked to evaluate the Compeer Program annually
- Let Compeer know if your client ends services with you or if there is a change in any information

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

PLEASE KEEP THIS FORM FOR YOUR RECORDS

Eligibility Criteria

Applicant Name: _____

Part A:

1.	The applicant is 18 years of age or older.	YES / NO
2.	The applicant is a Niagara County resident.	YES / NO
3.	The applicant is receiving services from a Mental Health Professional.	YES / NO
4.	<p>The applicant has a primary DSM-IV or 5 diagnosis other than alcohol disorders, organic brain syndromes, or developmental disabilities.</p> <p>Principle diagnosis _____ DSM-IV or 5 Code _____</p> <p>Other diagnosis _____ DSM-IV or 5 Code _____</p>	YES / NO
5.	The applicant has been functionally disabled due to mental illness for at least the past twelve months in at least three (3) of the categories A-F (refer to page 8).	YES / NO
6.	The applicant is not acutely suicidal.	YES / NO
7.	The applicant is not physically or verbally aggressive.	YES / NO
8.	The applicant does not have thoughts to harm themselves or others.	YES / NO
9.	The applicant <u>wants</u> but lacks friends , and has limited social supports.	YES / NO
10.	The applicant is asking for more social connections and is willing to participate in the Compeer program.	YES / NO
11.	The applicant has some insight into his/her diagnosis.	YES / NO

If you answered yes to all the criteria above, please proceed with the application. If you answered no to any of the above, your client does not currently meet eligibility requirements.

Part B:

12.	The applicant has an income source due to mental illness (circle one) SSI or SSD	YES / NO
13.	<p>The applicant has had one six month stay or two stays of any length in the past 2 years at an inpatient psychiatric unit. Please list below.</p> <p>Date <u> </u>/<u> </u>/<u> </u> to <u> </u>/<u> </u>/<u> </u> Location _____</p> <p>Date <u> </u>/<u> </u>/<u> </u> to <u> </u>/<u> </u>/<u> </u> Location _____</p>	YES / NO
14.	<p>The applicant has had contact or admission to an Office of Mental Health operated or certified mental health outpatient program within the past 18 months. (Examples: Hope House; Adult SPOA; Respite; Dale Associations PROS, peer specialist, outpatient clinic; MHA peer specialist; CMI; etc.). Please list below.</p> <p>Date <u> </u>/<u> </u>/<u> </u> to <u> </u>/<u> </u>/<u> </u> Program _____</p> <p>Date <u> </u>/<u> </u>/<u> </u> to <u> </u>/<u> </u>/<u> </u> Program _____</p> <p>Date <u> </u>/<u> </u>/<u> </u> to <u> </u>/<u> </u>/<u> </u> Program _____</p>	YES / NO
15.	<p>The applicant has utilized Crisis or Emergency Health Services within the past 18 months. Please list below.</p> <p>Date <u> </u>/<u> </u>/<u> </u> Service Utilized _____</p> <p>Date <u> </u>/<u> </u>/<u> </u> Service Utilized _____</p> <p>Date <u> </u>/<u> </u>/<u> </u> Service Utilized _____</p>	YES / NO
16.	<p>Has this person ever been a resident of any of the following for a consecutive 6 months? Circle any that apply.</p> <p>Designated adult home Community residence RCCA Family care home RTF</p> <p>If yes, please list below.</p> <p>Initial date of residency <u> </u>/<u> </u>/<u> </u> Date stay ended <u> </u>/<u> </u>/<u> </u> Location _____</p> <p>Initial date of residency <u> </u>/<u> </u>/<u> </u> Date stay ended <u> </u>/<u> </u>/<u> </u> Location _____</p>	YES / NO

If you answered yes to any of the above, it is likely that your client meets eligibility requirements. Please proceed with the application.

Personal Information

Today's Date ___/___/___ Applicant Name _____ Male / Female (circle one)

Date of Birth ___/___/___ Social Security Number _____ Primary Language _____

Current Address _____ City _____ Zip Code _____

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

Number in household, including self _____

Home Phone Number _____ Cell Phone Number _____

Emergency Contact Name _____ Phone Number _____ Relationship _____

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

Income Source(s) _____

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 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.

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 friendship:

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

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? 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 volunteer in developing the relationship.

Volunteer Preferences

Applicant would like a Compeer volunteer who is:

- | | | |
|--|--|---|
| <input type="checkbox"/> Any age | <input type="checkbox"/> Any race | <input type="checkbox"/> Smoker |
| <input type="checkbox"/> 18-29 years | <input type="checkbox"/> Same race | <input type="checkbox"/> Non-smoker |
| <input type="checkbox"/> 30-50 years | <input type="checkbox"/> Other race: _____ | <input type="checkbox"/> No preference |
| <input type="checkbox"/> Over 50 years | | <input type="checkbox"/> 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 _____

Community Support Services Functional Assessment Worksheet

To be eligible, three (3) or more categories A-F need to have at least one (1) item checked off.

A. Self-Care

- Needs** assistance in maintaining personal hygiene
- Needs** assistance in gathering information regarding health care
- Puts** self at continual risk of injury
- Needs** assistance in securing proper health care of complying with prescriptions or other medical procedures
- Needs** assistance in learning about medication and its administration
- Needs** assistance in learning about maintaining proper nutrition

B. Social Functioning

- Lacks** the skills to effectively and appropriately communicate with family and friends
- Does not** respond appropriately to individuals in authority
- Repeatedly** violates rules at home, work, or school
- Is not** fully aware of the array of legal rights available, including constitutional and relevant resident/tenant rights and regulations
- Does not** organize group activities with friends
- Needs** assistance in forming contacts with potential friends or interacting with strangers
- Needs** assistance in confronting criticism or other stressful situations

C. Activities Of Daily Living

- Needs** assistance in utilizing public transportation on familiar or unfamiliar routes
- Needs** assistance with basic housekeeping chores
- Needs** assistance with day-to-day meal planning and preparation
- Needs** assistance with day-to-day money management
- Needs** assistance in fully accessing community resources, ie: senior citizen services, libraries, recreational facilities, etc.
- Needs** assistance in developing and maintaining social and recreational activities outside the home
- Needs** assistance in day-to-day self-administration of medication

D. Economic Self-Sufficiency

- Lacks** adequate literacy skills necessary to obtain economic self-sufficiency
- Needs** assistance from others to obtain or retain entitlements, ie: SSI, food stamps, etc.
- Is not** fully employed or is underemployed
- Needs** assistance in budgeting and paying for reoccurring monthly expenses; occasionally runs out of money before the end of the month
- Needs** assistance in finding appropriate and affordable housing
- Lacks** the vocational skills and/or education to obtain economic self-sufficiency

E. Self-Directions

- Needs** assistance in making own appointments for doctors, services, etc.
- Needs** assistance in advocating for one's own interest with landlords, home owners and/or service providers, doctors, etc.
- Needs** assistance in establishing and maintaining personal goals
- Needs** assistance in organizing and scheduling personal activities
- Needs** assistance in taking initiative/seeking others for assistance with problems
- Needs** assistance in using the phone for personal or business use

F. Ability to Concentrate

- Medication and/or mental illness** interferes with the person's ability to focus or concentrate
- Needs** assistance in completing tasks and following through on personal goals and social activities
- Lacks** stability and proper support groups in his/her environment which would otherwise enforce clear thinking and concentration
- Lacks** adequate literacy skills which subsequently interferes with his/her ability to concentrate

Compeer Niagara Guidelines

- Compeer 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 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 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. Continue to maintain your personal priorities (ie. 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 meet these considerations.
- The goal is to spend time together, not spend a lot of money. Each person is to pay his/her own way. The borrowing and lending of money should not be part of a Compeer 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.
- Alcohol, drugs, and dangerous situations are prohibited from any activity, both with your match and at Compeer hosted activities.
- Compeer 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 program is voluntary for both volunteers and participants.
- Sometimes a Compeer 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 goes a long way. A simple "thank you" or "I enjoyed that" will mean a lot to the person with whom you are matched.
- 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 staff, or other appropriate person to ensure safety. It is understood that concerns of any nature will be reported to Compeer staff.
- It is understood that a monthly report will be completed by the volunteer, noting the date and length of activities and phone calls. Surveys and annual updates will also be completed.



Mental Health Association in Niagara County, Inc.

36 Pine Street • Lockport, NY 14094-3632 • (716) 433-3780 • Fax: (716) 433-3847
www.mhanc.com

AUTHORIZATION FOR RELEASE OF INFORMATION

PROGRAMS:

HELP-LINE

*Community
Education
and Referral*

*Information
and Referral*

*Niagara Self-Help
Clearinghouse*

Compeer Niagara

Client Advocacy

*In Home
Respite Services*

Support Groups

I, _____ hereby
(Please print client's name)

authorize : _____
(Name of **Mental Health Professional** releasing information)

(address of **mental health professional**)

To release the following information, documents or records to:

The Mental Health Association in Niagara County, Inc., and the
Compeer Niagara Program, 36 Pine Street, Lockport, New York 14094.

Information to be disclosed/used: Any and all information necessary to
obtain, maintain and coordinate services for a Compeer Niagara volunteer
match. This information will be used to determine program eligibility and
to make appropriate Compeer Niagara volunteer match and to advocate for
services along with exchanging necessary information on an ongoing basis
to coordinate and maintain services.

I understand my authorization will expire when I am no longer receiving
services from the Mental Health Association in Niagara County, Inc.,
Compeer Niagara Program.

Signature of client

Date

Client's date of birth

Witness Signature

Date

The Mental Health Association in Niagara County, Inc. will offer programs and services promoting mental health, while advocating for individuals with mental illness and working towards dispelling commonly held misunderstandings regarding mental illness.

Funding provided by the NYS Office of Mental Health, Niagara County Department of Mental Health, the United Ways grants memberships and voluntary contributions.