



CHILD AND TEEN REFERRAL PACKET

Ages 5-17

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 Niagara)*.
3. Please fill out the **Application**. *(Return this to Compeer Niagara)*.
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 Niagara)*.
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 3-7 to Compeer Niagara along with the Authorization for Release of Information

Application Guidelines

(For the Applicant and the Mental Health Professional)

Compeer Niagara is a non-profit program that matches trained volunteers in one-to-one mentorships with same-gender youth 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 Niagara 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 free 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 Niagara staff and volunteers view themselves as an adjunct to your therapeutic interaction. All information is confidential.

Please note:

- The goal of Compeer Niagara is to match participants with a volunteer. However, there is no guarantee of *when* your client will be matched. Please ensure that the applicant and their parent/guardian understand this before completing the application. 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 and their parent/guardian, ensuring their understanding and agreement prior to applying for the program.
- Please remember, parents/guardians are responsible for providing transportation to and from monthly activities. Monthly activities are an essential aspect of Compeer Niagara. In order to benefit from Compeer Niagara, the participant must be active in the program. Monthly activities allow this while waiting for a volunteer to become available.
- Pertinent information, both psychiatric and medical, should always be disclosed – either on the referral form or in conversation with the Compeer Niagara staff. All information is kept confidential.
- Mental Health Professionals play an important role supporting Compeer Niagara. 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 Niagara activities during your regular consultations
- Be available for the Compeer Niagara staff to discuss any concerns regarding your client
- Receive reports from Compeer Niagara once your client is matched
- Once your client is matched, you will be asked to evaluate the Compeer Niagara Program annually
- Let Compeer Niagara 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 lives in Niagara County, NY.	YES / NO
2.	The applicant is between the ages of 5 and 17.	YES / NO
3.	The applicant is receiving services from a Mental Health Professional.	YES / NO
4.	<p>The applicant has been diagnosed with an emotional or behavioral health disorder other than 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> <p>Other diagnosis _____ DSM-IV or 5 Code _____</p>	YES / NO
5.	The applicant wants but lacks friends, and has limited social supports.	YES / NO
6.	The applicant is <u>willing</u> to participate in the Compeer Niagara program.	YES / NO
7.	The applicant’s parent/guardian is willing to have their child participate in the Compeer Niagara program, and communicate with the Compeer Niagara Director and Coordinator.	YES / NO

If you answered YES to all criteria above, please proceed with the application. If you answered NO to one or more of the criteria above, please contact Compeer Niagara prior to completing this form.

Part B:

8.	The applicant is suicidal.	YES / NO
9.	The applicant is verbally or physically aggressive towards adults or other children.	YES / NO
10.	The applicant has thoughts to harm self or others.	YES / NO
11.	The applicant is a runaway risk.	YES / NO
12.	The applicant has a <u>primary diagnosis of developmental disabilities.</u>	YES / NO
13.	The applicant is actively using alcohol or illicit drugs.	YES / NO

If you answered NO to all criteria above, please proceed with the application. If you answered YES to one or more of the criteria above, please contact Compeer Niagara prior to completing this form.

Applicant Information

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

Date of Birth ____/____/____ Primary Language _____

Current Address _____ City _____ Zip Code _____

Home Phone Number _____ Cell Phone Number _____

Email address _____

Emergency Contact Name _____ Phone Number _____ Relationship _____

Is the applicant on Medicaid? **YES / NO** List private or other Health Insurance _____

Is the applicant employed? **YES / NO** If yes, where? _____

Income Source(s) _____

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

Number in household, including applicant _____

Household 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**

Is the applicant pregnant or parenting? **YES / NO** Ages of children: _____

Does the applicant attend school? **YES / NO** If yes, grade _____ Where? _____

Has the applicant been identified by Committee on Special Education? **YES / NO**

If yes, reason _____

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

Explain _____

Parent/Guardian Information

Father

Name _____ Address _____ City _____ Zip Code _____

Home phone _____ Cell phone _____ Email address _____

Highest level of education _____ Income source _____

Mother

Name _____ Address _____ City _____ Zip Code _____

Home phone _____ Cell phone _____ Email address _____

Highest level of education _____ Income source _____

If the applicant resides with someone other than the parent, please specify:

Name _____ Relationship to applicant (ie. Foster, relative/kinship, other) _____

Address _____ City _____ Zip Code _____

Home phone _____ Cell phone _____ Email address _____

Highest level of education _____ Income source _____

If Residential Facility:

Name of facility _____ Facility address _____ City _____ Zip Code _____

Phone _____ Staff contact name _____ Title _____

Siblings

First Name _____ Last Name _____ Age _____ Gender _____

First Name _____ Last Name _____ Age _____ Gender _____

First Name _____ Last Name _____ Age _____ Gender _____

First Name _____ Last Name _____ Age _____ Gender _____

First Name _____ Last Name _____ Age _____ Gender _____

Physical and Medical Information

Briefly describe the applicant's physical appearance _____

Does the applicant 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 the applicant need assistance or supervision with basic self-care activities including dressing, toileting, hygiene, and grooming? **YES / NO** Please explain _____

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

Is it being addressed? **YES / NO** Please detail _____

Is the applicant a smoker? **YES / NO** Can they refrain from smoking when with their volunteer? **YES / NO**

Is the applicant taking medications? **YES / NO** If yes, please note how it may affect the Compeer Niagara friendship: _____

Previous psychiatric hospitalizations? **YES / NO** If yes, include dates, facility, and length of stay: _____

Additional Information

What support system does the applicant have? _____

Applicant's strengths: _____

Applicant's weaknesses: _____

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

Why do you feel this applicant 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:

- | | | |
|--|--|---|
| <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 _____

Compeer Niagara 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.
- Friendships take time to develop and sometimes people are not compatible. However, I will give my Compeer Niagara match a chance before asking to end the relationship.
- 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.
- 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 (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. Activities can take place in the youth's home or public places.
- 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 Niagara relationship. Ask Compeer Niagara staff for free or discounted resources.
- 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 Niagara hosted activities.
- 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. Time together will not be used as a punishment or a reward.
- 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 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 the participant 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.
- 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:

I, _____, hereby
(Please print name of parent or legal guardian)

HELP-LINE

authorize _____ (name of mental health professional)

Community
Education
and Referral

(name and address of agency releasing information)

to furnish the following information, documents or records to the Mental Health Association in Niagara County, Inc. and their Compeer Niagara Program, 36 Pine Street, Lockport, New York 14094.

Information
and Referral

The information, documents or records released will be those of

Niagara Self-Help
Clearinghouse

(Please print name of child)

Child's date of birth

Compeer Niagara

Information to be disclosed/used: Any and all information necessary to obtain, maintain and coordinate services for a Compeer Niagara Volunteer match and/or other services and to advocate for services along with exchanging necessary information on an ongoing basis to coordinate and maintain services.

Client Advocacy

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

In Home
Respite Services

Signature of parent or legal guardian

Date

Support Groups

Signature of witness

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.