



# Mental Wellness Starts With Friendship

## **ADULT REFERRAL PACKET**

1. The Primary Mental Health Professional (providing counseling and/or medication monitoring) should complete this referral with input from their client. If the referral is completed via secondary resource (case manager, etc.), **the primary mental health provider must review and sign the referral.**
2. Review and keep the **Referral Guidelines (MHP)** for your reference.
3. Review the **Referral Guidelines (Applicant)** and **Compeer Niagara Match Guidelines** with client and have them keep for reference.
4. Complete the referral in its entirety and return to Compeer Niagara.

### **Mail the Referral to:**

Mental Health Association in Niagara County, Inc.  
Attn: Compeer Niagara  
36 Pine St.  
Lockport, NY 14094

**Or via email to:**  
tporter@mhanc.com

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

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

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

**Please continue to the next page.**

# Referral 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:**

- Compeer Niagara would like 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**

# Referral 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. Spend time with your volunteer (**once you have become matched**).
- Compeer Niagara would like 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** Click or tap here to enter text.

1.	The applicant is 18 years of age or older.	<input type="checkbox"/> True <input type="checkbox"/> False
2.	The applicant is a Niagara County resident.	<input type="checkbox"/> True <input type="checkbox"/> False
3.	The applicant is receiving services from a Mental Health Professional.	<input type="checkbox"/> True <input type="checkbox"/> False
4.	<p>The applicant has a primary DSM-IV or 5 diagnosis other than substance use disorders, organic brain syndromes, or developmental disabilities.</p> <p>Principle diagnosis Click or tap here to enter text. DSM-IV or 5 Code Click or tap here to enter text.</p> <p>Other diagnosis Click or tap here to enter text. DSM-IV or 5 Code Click or tap here to enter text.</p>	<input type="checkbox"/> True <input type="checkbox"/> False
5.	The applicant <u>wants</u> but lacks friends and has limited social supports.	<input type="checkbox"/> True <input type="checkbox"/> False
6.	The applicant has some insight into their diagnosis.	<input type="checkbox"/> True <input type="checkbox"/> False
7.	The applicant is <b>independent</b> with their personal mobility (transferring/ambulating etc.) <i>Compeer Niagara staff, volunteers, &amp; transporters are unable to provide any physical assistance. It is the applicant's responsibility to obtain required assistance.</i>	<input type="checkbox"/> True <input type="checkbox"/> False
8.	The applicant is in the recovery stage of their illness and is <b>not</b> acutely suicidal.	<input type="checkbox"/> True <input type="checkbox"/> False
9.	The applicant is in the recovery stage of their illness and is <b>not</b> physically or verbally aggressive.	<input type="checkbox"/> True <input type="checkbox"/> False
10.	The applicant is in the recovery stage of their illness and does <b>not</b> have thoughts to harm themselves or others.	<input type="checkbox"/> True <input type="checkbox"/> 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.	<input type="checkbox"/> True <input type="checkbox"/> False
12.	The applicant has <b>not</b> been convicted of a sexual or violent offense.	<input type="checkbox"/> True <input type="checkbox"/> False
13.	The applicant has reviewed and agreed to all program guidelines.	<input type="checkbox"/> True <input type="checkbox"/> False

**If you answered *True* to all criteria, please proceed with the referral. If you answered *False* to any criteria, your client does not currently meet eligibility. Contact Compeer Niagara with any questions.**

# Personal Information

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

**Date** Click or tap here to enter text. **Applicant Name** Click or tap here to enter text.

**Date of Birth** Click or tap here to enter text. **Gender Identity** Click or tap here to enter text.

**Current Address** Click or tap here to enter text.

**Cell Phone Number** Click or tap here to enter text.

**Emergency Contact** Click or tap here to enter text. **Phone** Click or tap here to enter text. **Relationship** Click or tap here to enter text.

**Race:**  African American  White  Native American  Asian  Hispanic  Other Click or tap here to enter text.

**Military Service:** **Branch** Click or tap here to enter text. **Years in Service** Click or tap here to enter text.

**Marital Status:**  Single  Married  Divorced  Significant other/Partner  Widowed

**Employment:**  Currently  Previously  Actively Looking  N/A

**Education:**  High School Graduate  Some College  Completed Degree  Highest Grade Completed Click or tap here to enter text.

**Please list any chronic medical conditions, disabilities, or disorders:** Click or tap here to enter text.

**Does this applicant have a history of alcohol or drug abuse?** **Description:** Click or tap here to enter text.

**Is this person a smoker?**  YES  NO **Can they refrain from smoking when with their volunteer?**  YES  NO

**Has the applicant ever been in trouble with the law?** **Description:** Click or tap here to enter text.

**Does this person access/utilize their own or public transportation?**  YES  NO

**What support system does the applicant have?** Click or tap here to enter text.

**Describe the applicant's personality/way of relating to others:** Click or tap here to enter text.

**Please list hobbies/activities/areas of interest:** Click or tap here to enter text.

**Please list suggestions to guide the Compeer Niagara volunteer in developing the relationship:** Click or tap here to enter text.

# Service Linkage

What other Office of Mental Health operated or certified mental health outpatient programs is the applicant **currently** utilizing? (Examples: day programming, Hope House, Peer Specialist Services, etc.).

Start Month/Year Click or tap here to enter text. Program Click or tap here to enter text.

Start Month Year Click or tap here to enter text. Program Click or tap here to enter text.

Has the applicant utilized Crisis or Emergency Mental Health Services or an inpatient psychiatric unit within the **past 12 months**?

Month/Year Click or tap here to enter text. Service Utilized Click or tap here to enter text.

Month/Year Click or tap here to enter text. Service Utilized Click or tap here to enter text.

## 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** access community resources (libraries, recreational facilities, etc.)
- Does not** have a supportive relationship with their peers (friendship)
- Does not** independently form contacts with potential friends or interact with strangers
- Does not** develop and maintain personal, social, and/or recreational activities outside the home
- Does not** follow through on personal, social, and/or recreational activities
- Does not** maintain regular contact with service providers

## Volunteer Preferences (If/when matched)

Applicant would like a Compeer Niagara volunteer who is:

- No preference     18-29 years     30-50 years     Over 50 years
- Same race     No preference
- Smoker     Non-smoker     No preference
- Particular Religion Click or tap here to enter text.     No preference

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

- AM     PM     Weekdays     Weekends

## **Primary Mental Health Professional (counseling and/or medication and/or monitoring)**

**Name** Click or tap here to enter text. **Title** Click or tap here to enter text.

**Agency** Click or tap here to enter text.

**Address** Click or tap here to enter text. **City** Click or tap here to enter text. **Zip Code** Click or tap here to enter text.

**Phone Number** Click or tap here to enter text. **Email Address** Click or tap here to enter text.

## **Secondary Resource (i.e.: Case Manager, P.S.S.)**

*\*Referral completed by a secondary resource, must be reviewed/approved by Primary MHP*

**Name** Click or tap here to enter text. **Title** Click or tap here to enter text.

**Agency** Click or tap here to enter text.

**Address** Click or tap here to enter text. **City** Click or tap here to enter text. **Zip Code** Click or tap here to enter text.

**Phone Number** Click or tap here to enter text. **Email Address** Click or tap here to enter text.

## **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. Click or tap here to enter text.

**Referral completed by** Click or tap here to enter text. **Relation to client** Click or tap here to enter text.

**Signature of Primary MHP** Click or tap here to enter text. **Date** Click or tap here to enter text.



# 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 by both the participant and volunteer.