



**REFERRAL BY \_\_\_\_\_ TO Compeer of Lebanon County**

Agency/Therapist

Please Type or Print:

Referral Date \_\_\_\_\_ Social Security No. \_\_\_\_\_

Client Name \_\_\_\_\_ Phone \_\_\_\_\_

Current Address \_\_\_\_\_ Zip \_\_\_\_\_

Currently Homeless \_\_\_Y \_\_\_N History of Homelessness \_\_\_Y \_\_\_N At Risk of Becoming Homeless \_\_\_Y \_\_\_N

If Inpatient; bldg., unit., ward \_\_\_\_\_ Projected D/C date \_\_\_\_\_

Age \_\_\_\_\_ Sex \_\_\_\_\_ Religion \_\_\_\_\_ Race \_\_\_\_\_ Smoker \_\_\_Y \_\_\_N

Physical Description \_\_\_\_\_

Client Contact with family: \_\_\_\_\_ Frequently \_\_\_\_\_ Occasionally \_\_\_\_\_ Never

If Contact, Family Member Name(s) \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Relationship \_\_\_\_\_ If Children, ages \_\_\_\_\_

Social Functioning/ Personality \_\_\_\_\_

Positive Attributes \_\_\_\_\_

Current Activities/ Programs \_\_\_\_\_

Interests/ Hobbies \_\_\_\_\_

Physical Limitations/ Medical Conditions \_\_\_\_\_

Symptomatic Behaviors (What does the volunteer need to know) \_\_\_\_\_

Reasons for Referral (Be Specific)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Goals for Relationship (Be Specific)

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

Is it important that the consumer have a Compeer friend of a specific age, religion, ethnic background, or sexual orientation?

Please specify: \_\_\_\_\_

Age \_\_\_\_\_ Religion \_\_\_\_\_

Ethnic background \_\_\_\_\_ Sexual Orientation \_\_\_\_\_

Client available: Daytime \_\_\_\_\_ Evenings \_\_\_\_\_ Weekends \_\_\_\_\_

Does client have use of a car? \_\_\_\_\_

Additional comments and suggestions \_\_\_\_\_

\_\_\_\_\_

Referral submitted by: \_\_\_\_\_

Title: \_\_\_\_\_

Agency: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Best time to call \_\_\_\_\_

Primary therapist (if different from above) \_\_\_\_\_

Agency: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

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Supervisor Signature: \_\_\_\_\_  
*(signature) (title) (date)*

The following must be completed for all referrals.

**1. Date of Birth**

(mo/day/yr)

\_\_\_\_/\_\_\_\_/\_\_\_\_

**2 Sex: (20)**

1. \_\_\_ Male

2. \_\_\_ Female

**3. Ethnic Origin: (check one) (21)**

1. \_\_\_ White

2. \_\_\_ Black

3. \_\_\_ Hispanic

4. \_\_\_ Asian/ Pacific Islander

5. \_\_\_ Native American

6. \_\_\_ Other

7. \_\_\_ Unknown

**4. Marital Status: (22)**

1. \_\_\_ Never married

2. \_\_\_ Married

3. \_\_\_ Widowed

4. \_\_\_ Separated

5. \_\_\_ Divorced/ Annulled

6. \_\_\_ Unknown

**5. Education: (check last grade completed) (23)**

00 \_\_\_ None

11 \_\_\_ 11th grade

01 \_\_\_ 1st grade

12 \_\_\_ 12th grade

02 \_\_\_ 2nd grade

13 \_\_\_ Voc/Tech/Bus Schl

03 \_\_\_ 3rd grade

14 \_\_\_ 1st year college

04 \_\_\_ 4th grade

15 \_\_\_ 2nd year college

05 \_\_\_ 5th grade

16 \_\_\_ 3rd year college

06 \_\_\_ 6th grade

17 \_\_\_ 4th year college

07 \_\_\_ 7th grade

18 \_\_\_ Graduate School

08 \_\_\_ 8th grade

19 \_\_\_ Ungraded

09 \_\_\_ 9th grade

99 \_\_\_ Unknown

10 \_\_\_ 10th grade

**6. Type of Residence and composition: (check one) (24)**

01 \_\_\_ Own Residence

02 \_\_\_ Rental Home or Apartment

03 \_\_\_ Home of Relative or Friend

04 \_\_\_ Rooming House, Hotel, SRO

05 \_\_\_ Nursing/ Health-Related Facility

06 \_\_\_ Institution

10 \_\_\_ Incarcerated (prison, lock-up)

07 \_\_\_ Community Residence

11 \_\_\_ Foster Home (C & Y)

08 \_\_\_ Adult Home (PPHA)

12 \_\_\_ Therapeutic Foster Home

09 \_\_\_ Family Care

13 \_\_\_ RTF (C & Y)

88 \_\_\_ Other

77 \_\_\_ Transient/ Homeless

99 \_\_\_ Unknown

**6b. Household Composition (check one)**

01 \_\_\_ Alone

06 \_\_\_ With Other Relatives

02 \_\_\_ With Parents

07 \_\_\_ With Others

03 \_\_\_ With Siblings

08 \_\_\_ In institution

04 \_\_\_ With Spouse

09 \_\_\_ In Residence Facility

05 \_\_\_ With Children

10 \_\_\_ No Permanent

99 \_\_\_ Unknown

**7. Employment Status: (check one) (27)**

01 \_\_\_ Illness

08 \_\_\_ Other Non-Labor

02 \_\_\_ Homemaker

11 \_\_\_ Employed: Armed Forces

03 \_\_\_ Student

12 \_\_\_ Employed: Full Time

04 \_\_\_ Retired

13 \_\_\_ Employed: Part Time

05 \_\_\_ Unemployable

21 \_\_\_ On Lay-Off

06 \_\_\_ Institutionalized

22 \_\_\_ Looking for work

07 \_\_\_ N/A (e.g. child)

23 \_\_\_ Other (e.g. moving)

**8. Severely Emotionally Disabled (Youth) \_\_\_ Y (2) \_\_\_ N (0)**

**Severely & Persistently Mentally Ill Adult \_\_\_ Y (1) \_\_\_ N (0)**

**9. Age at 1st Psychiatric hospitalization: (31)**

\_\_\_\_\_ yrs old \_\_\_\_\_ none

**10. Prior Mental Health Service: (check one) (32)**

0 \_\_\_ No Prior Known Services

1 \_\_\_ Prior Inpatient

2 \_\_\_ Prior Outpatient

3 \_\_\_ Prior Day Program

4 \_\_\_ Inpatient & Outpatient

5 \_\_\_ Inpatient Day Program

6 \_\_\_ Outpatient Day Program

7 \_\_\_ Unknown

**11. Additional Disabilities: (39)**

**PLEASE EXPLAIN**

00 \_\_\_ No Disabilities \_\_\_\_\_

20 \_\_\_ Developmental \_\_\_\_\_

21 \_\_\_ Mental Retardation \_\_\_\_\_

31 \_\_\_ Alcohol \_\_\_\_\_

32 \_\_\_ Drugs \_\_\_\_\_

33 \_\_\_ Mixed Substance \_\_\_\_\_

41 \_\_\_ Blind \_\_\_\_\_

42 \_\_\_ Hearing Impaired \_\_\_\_\_

43 \_\_\_ Ambulation Impairment \_\_\_\_\_

88 \_\_\_ Other \_\_\_\_\_

99 \_\_\_ Unknown \_\_\_\_\_

**12. Primary Language (18) (check one)**

A \_\_\_ English

H \_\_\_ Japanese

B \_\_\_ Spanish

I \_\_\_ Russian

C \_\_\_ Chinese

J \_\_\_ Vietnamese

D \_\_\_ Creole

K \_\_\_ Sign Language

E \_\_\_ French

L \_\_\_ Other

F \_\_\_ Greek

Z \_\_\_ Unknown

G \_\_\_ Italian

**13. Refugee Status (20)**

1 \_\_\_ Yes

2 \_\_\_ No

**14. Current or Prior History of Forensic Status?**

\_\_\_\_\_ Current \_\_\_\_\_ Past \_\_\_\_\_  
(year)

Compeer is aware of the sensitive nature of some of the questions asked on the referral form. It has been our experience that having as much information as possible about each individual, whether volunteer or client, increases our ability to match people successfully. All information is requested to ensure, to the greatest degree possible, the success of the matching process. Compeer does not discriminate on the basis of age, gender, ethnicity, religious affiliation, or sexual orientation.

I understand that the previous information given by me is confidential and I will help the client to the best of my ability in accordance with the policies of the agency. I will maintain complete confidentiality concerning all information on Compeer clients.

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



**RELEASE OF INFORMATION AUTHORIZATION**

Permission is hereby freely given to Compeer of Lebanon County to obtain/release/exchange treatment information from/to/with (cross off non-applicable words):

\_\_\_\_\_  
(name of agency or professional)

\_\_\_\_\_  
(address)

\_\_\_\_\_  
(phone)

Concerning the following person:

\_\_\_\_\_  
(name and birthdate)

**to be limited to information pertaining to the safety and well-being of the client, to his/her participation in the Compeer program, and/or his/her relationship with their Compeer volunteer friend.**

\_\_\_\_\_  
Signature of client or guardian\*  
(\*indicate relationship to client)

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

NOTE: This release is effective so long as this individual is a participant in the Compeer program; or upon the receipt of a written request of the person named above, a person with legal power of attorney, or legal guardian by Compeer of Lebanon County.

Please return this form to: **Compeer of Lebanon County**  
**4 South Fourth Street Unit C**  
**Lebanon, Pa 17042**  
**Phone 272-8317**  
Email: [director@compeer-lebanon.org](mailto:director@compeer-lebanon.org)