



Please complete this checklist prior to completing referral:

- | | | |
|---|-----|----|
| 1. Is client over 18 years of age and reside in Lebanon County? | Yes | No |
| 2. Is client receiving mental health treatment for a diagnosed mental health condition? | Yes | No |
| 3. Is client interested in socializing and spending time out in the community with a volunteer? | Yes | No |

If all above questions are answered "Yes," please proceed:

- | | | |
|---|-----|----|
| 4. Is client currently receiving in-patient psychiatric treatment? | Yes | No |
| 5. Has client been hospitalized within the past six months for a mental health condition? | Yes | No |
| 6. Is client physically or verbally aggressive? | Yes | No |
| 7. Is client acutely suicidal? | Yes | No |
| 8. Has client been assigned more than two Compeer Volunteers in the past? | Yes | No |

If any of the above questions are answered "Yes," Compeer of Lebanon County staff will review the referral for acceptance into our program. Staff may contact you for more information.

RESPONSIBILITIES OF REFERRAL SOURCE/MENTAL HEALTH PROFESSIONAL

- You must have contact with Compeer staff to help determine the best match for individuals you refer. Compeer staff may contact you for information about the client you refer. Our *Consent for Release of Information* allows this contact until Compeer of Lebanon County services end.
- You must be available by phone to Compeer staff and volunteers for issues of concern throughout the match. Compeer volunteers are given your name and phone number in case of there is a need for the volunteer to speak with you regarding the referred individual.
- You may be asked to facilitate meetings and/or other forms of communication between clients you refer, volunteers, and/or Compeer staff before and during the match.
- You must notify Compeer of any changes in your client's mental health, agency/mental health provider, or contact information.
- You must let us know if you close with clients you have referred as soon as possible. This applies to clients waiting for a volunteer and clients who are matched. We will not present an individual to potential volunteers unless he or she has a mental health professional or some form of counseling. If you close out a client while he or she is still matched, Compeer staff will determine eligibility to continue in the program.
- You must participate in Compeer's Annual Survey which helps us gather information on how our providers view Compeer of Lebanon County.

I have read, understand, and agree to the above responsibilities as the referring mental health professional:

Signature

Date

RESPONSIBILITIES OF COMPEER PROGRAM

- We will recruit, interview, screen, and provide training to volunteers before they are matched and give ongoing support and training during the match.
- We will monitor the volunteer and client relationship via phone/e-mail and monthly update forms, and will advise you of any concerns that may arise.
- We will get to know clients via Self-Reports, periodic Compeer-sponsored events, and checking in at least once every three months by phone. We may remove an individual from our services if contact is not returned by him or her.

~PLEASE ATTACH THIS SIGNED DOCUMENT TO ANY REFERRAL YOU SUBMIT~



4 South 4th Street, Unit C
Lebanon, PA 17042
717-272-8317
www.compeer-lebanon.org
director@compeer-lebanon.org

Referral Date: _____ Client Name: _____

Date of Birth: _____ Age: _____ Phone: _____

Current Address: _____ Zip: _____

Currently Homeless: ___Y ___N History of Homelessness: ___Y ___N At Risk of Becoming Homeless: ___Y ___N

Sex: _____ Race: _____ Sexual Orientation: _____
(only if self-disclosing)

Veteran: ___Y ___N Smoker: ___Y ___N

Religion: _____ Will this be a factor when choosing a Compeer volunteer? ___Y ___N

Physical Description: _____

Client Contact with family: _____ Frequently _____ Occasionally _____ Never

If Contact, Family Member Name(s): _____

Address: _____ Phone: _____

Relationship: _____ If Children, ages: _____

Does Client have use of a car? ___Y ___N Does Client use public transportation? ___Y ___N

Mental Health Diagnosis: _____

Symptomatic Behaviors: _____

Social Functioning/ Personality: _____

Positive Attributes: _____

Interests/ Hobbies: _____

Physical Limitations/ Medical Conditions: _____

Reasons for Referral (Be Specific):

1. _____

2. _____

3. _____

Current Activities/Programs

Halcyon
 Support Groups _____
 Peer Support _____
(Agency)

MHID: _____
(Name of Case Manager)

Other: _____

Goals for Relationship (Be Specific):

1. _____
2. _____
3. _____

All matches are same gender based decisions. Is there anything else to consider when matching with a Compeer friend?

Please specify: _____

Client available: Daytime _____ Evenings _____ Weekends _____

Additional comments and suggestion: _____

Referral submitted by: _____

Title: _____

Agency: _____

Address: _____ Zip: _____

Phone: _____ E-mail: _____

*We will add you to our e-news to keep you informed of Compeer socials and events

Primary therapist (if different from above) _____

Agency: _____

Address: _____ Zip: _____

Phone: _____ E-mail: _____

Supervisor Signature: _____

(signature) (title)

(date)

The following MUST be completed for all referrals

Client Name: _____

Date of Birth: _____

1. Sex:

Male Female

2. Primary Language (check one):

English Spanish
 Arabic Chinese
 French Vietnamese
 Italian Russian
 Greek Japanese
 Sign Language
 Other _____

3. Ethnicity (check one):

White
 Black or African American
 Hispanic or Latino
 Asian/ Pacific Islander
 Native American
 Unknown
 Other _____

4. Education:

(highest degree or level of school completed)

None
 Elementary School
 Middle School
 High School, no diploma
 High School graduate or equivalent
 Some college credit, no degree
 Trade/Technical/Vocational training
 Associate degree
 Bachelor's degree
 Master's degree
 Unknown

5. Marital Status:

Never Married
 Married
 Domestic Partnership
 Widowed
 Separated
 Divorced/ Annulled
 Unknown

6. Employment Status (check one):

Employed: Full-time
 Employed: Part-time
 Employed: Armed Forces
 Retired
 Student
 Homemaker
 Illness
 On lay-off
 Looking for work
 Other: Non-labor _____

7. Type of Residence (check one):

Own Residence
 Rental Home or Apartment
 Home of Relative or Friend
 Rooming House, Hotel
 Nursing/Health Related Facility
 Community Residence
 Family Care
 Transient/Homeless
 Other _____

8. Household Composition

(check one):

Alone
 With Spouse/Partner
 With Parents
 With Siblings
 With Children
 With Other Relatives
 With Others
 No Permanent
 In Residence Facility
 Other _____

9. Severely Emotionally Disabled Youth:

Yes No

10. Severely & Persistently Mentally Ill Adult:

Yes No

11. Prior Mental Health Service:

(check all that apply)

No Prior Known Services
 Prior Inpatient
 Prior Outpatient
 Prior Inpatient Day Program
 Prior Outpatient Day Program
 Unknown

12. Age at 1st Psychiatric Hospitalization:

____ Years Old None

13. Current or Prior History of Forensic Status?

No Current
 Past Year

14. Refuge Status:

Yes No

15. Additional Disabilities:

PLEASE EXPLAIN

No Disabilities _____
 Developmental _____
 Intellectual _____
 Alcohol _____
 Drugs _____
 Mixed Substance _____
 Visually Impaired _____
 Hearing Impaired _____
 Ambulation Impairment _____
 Other _____
 Unknown _____

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):

_____ Lebanon County MH/ID/EI _____

_____ 220 E. Lehman St. Lebanon, PA 17046 _____
(address)

_____ 717-274-3415 _____
(phone)

Concerning the following person:

Name: _____ DOB: _____ / _____ / _____

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)

Date

Witness

Date

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 4th Street, Unit C
Lebanon, Pa 17042

OR **director@compeer-lebanon.org**



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 referring agency)

(address)

(phone)

Concerning the following person:

Name: _____ DOB: _____ / _____ / _____

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)

Date

Witness

Date

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 4th Street, Unit C
Lebanon, Pa 17042**

OR **director@compeer-lebanon.org**