Compeer referrals must include:

- ☐ This completed two-page Compeer Referral Form.
- ☐ Client's psychosocial history and assessment.
- ☐ A signed consent to release information form.

Mental Health America of Tippecanoe

Compeer Referral Form

Referred Client: _____ Date of Referral: _____

Address: _____ City: _____ Zip Code: _____

Date of Birth: _____ Sex: ☐ F ☐ M Phone: _____

Does client receive SSD, SSI, or other mainstream financial assistance? ☐ Yes ☐ No If yes, please explain:

_____

Person Making Referral: _____ Title: _____

Referring Agency/Clinic/Other: _____ Phone: _____

Address: _____ City: _____ Zip Code: _____

Email: _____ How long have you served this client? _____

Does client have a diagnosed mental illness? ☐ Yes ☐ No Current GAF: _____

If you are not client's therapist, please list the most current therapist he/she is seeing:

Therapist: _____ Agency/Clinic: _____

Address: _____ City: _____ Zip Code: _____

Phone: _____ Email: _____

Please list current medications and relevant side effects that may affect client: _____

_____

Please indicate any inpatient psychiatric treatment client has received in the past year:

Where: _____ Dates: _____

Reason: _____

_____

_____

Please give a brief clinical profile and history of client, including overall emotional state: _____

Please provide information on this client's social relationship and social skills, including the ability to form and maintain relationships: _____

How often does client leave his/her home? For what reasons? _____

Please list any concerns, special needs or potential problems that a volunteer may encounter while working with client:

Please note the Compeer program to which you are referring client:

- ☐ Compeer Match • A mentoring program matching screened and trained community volunteers in a one-to-one relationship with referred clients. All matches are of same gender.
- ☐ Compeer Circle • A group program, meeting one Tuesday evening per month. Clients engage in recreational group activities with a focus on developing friendships, enhancing social skills, and improving activities of daily living.

If referring client to Compeer Match, are there any specific characteristics his/her ideal volunteer friend should possess?

How do you think client can benefit from the program to which he/she is being referred? _____

Is client capable of participating in group activities?	☐ Yes	☐ No	☐ Sometimes
Is client appropriate for interacting one-to-one with a volunteer?	☐ Yes	☐ No	☐ Sometimes
Does client enjoy being with other people?	☐ Yes	☐ No	☐ Sometimes
Does client express frustrations appropriately?	☐ Yes	☐ No	☐ Sometimes
Does client have his/her own transportation?	☐ Yes	☐ No	
Does client have physical limitations?	☐ Yes	☐ No	
Does client have history of seizures or blackouts?	☐ Yes	☐ No	
Has client displayed suicidal tendencies in the last year?	☐ Yes	☐ No	
Does client have other health problems of which we should be aware?	☐ Yes	☐ No	

If "Yes" please explain: _____

_____

Signature (of person making referral):

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Please mail to Compeer Director, MHA of Tippecanoe County, 914 South Street, Lafayette, IN 47901