



Mental Wellness Starts With Friendship

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. If the referral is completed via provider proxy, **the provider must review, approve, and sign the referral.**
2. Review and keep the **Application Guidelines (MHP)** for your records.
3. Review the **Application Guidelines (Applicant)** and **Compeer Niagara Match Guidelines** with client and have them keep for reference.
4. Complete the application in its entirety and return to Compeer Niagara.

Return the required forms to:
Mental Health Association in Niagara County, Inc.
Attn: 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 or the applicant will be contacted.

Thank you for your interest in the Compeer Niagara Program.

Application 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 free 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:

- The goal of Compeer Niagara is 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 to consider 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 and their parent/guardian, 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

Application 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:

- Compeer Niagara members must have regular participation in the program, the expectation is to participate at least once a month.
- Participation can be met by completing any of the following options at least once per month:
 1. Attend an event or The Couch.
 2. Request an in-person visit with the Compeer Niagara staff or talk with Compeer Niagara staff via phone or text.
 3. Spend time with your volunteer **(once you have become matched)**.
- The goal of Compeer Niagara is 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 volunteers and other factors including: gender, age, geographic location, and shared interests.
- Review the Compeer Niagara Match Guidelines with your provider.
- The Parent/Guardian will contact the office with any change in phone number, address, or Mental Health Professional information. These pieces of information must always be current.
- The Participant and Parent/Guardian will complete a yearly survey.
- The Parent/Guardian is responsible for transportation to/from events. 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.

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 _____

Part A:

1.	The applicant lives in Niagara County, NY.	True / False
2.	The applicant is between the ages of 5 and 17 years old.	True / False
3.	The applicant is receiving services from a Mental Health Professional.	True / False
4.	The applicant has been diagnosed with an emotional or behavioral health disorder other than organic brain syndromes or developmental disabilities and does not have a <u>primary diagnosis of developmental disabilities</u> . Principle diagnosis _____ DSM-IV or 5 Code _____ Other diagnosis _____ DSM-IV or 5 Code _____	True / False
5.	The applicant is not receiving Respite services of any kind through the Office for Persons with Developmental Disabilities (OPWDD).	True / False
6.	The applicant <u>wants</u> but lacks friends and has limited social supports.	True / False
7.	The applicant is <u>willing</u> to participate in the Compeer Niagara program.	True / False
8.	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 staff.	True / False
9.	The applicant has some insight into their diagnosis.	True / False
10.	The applicant is independent with their personal mobility.	True / False
11.	The applicant is in the recovery stage of their illness and not acutely suicidal.	True / False
12.	The applicant is in the recovery stage of their illness and is not physically or verbally aggressive towards adults or other children.	True / False
13.	The applicant is in the recovery stage of their illness and does not have thoughts to harm themselves or others.	True / False
14.	The applicant is in the recovery stage of their illness and is not engaging in substance abuse and has maintained a period of sobriety.	True / False
15.	The applicant has not been convicted of a sexual or violent offense.	True / False
16.	The applicant is not a runaway risk.	True / False
17.	The applicant and parent/guardian has reviewed and agreed to all program guidelines.	True / False

If you answered True to all criteria above, please proceed with the application. If you answered False to any of the criteria above, please contact Compeer Niagara prior to completing this form.

Service Linkage

What other Office of Mental Health operated or certified mental health outpatient programs is the applicant *currently* utilizing? Please list below.

Start Date ___/___/___ Program _____

Start Date ___/___/___ Program _____

Start Date ___/___/___ Program _____

Has the applicant had contact with Crisis or Emergency Mental Health Services within the **past 1 year**? Please list below.

Service Utilized _____

Service Utilized _____

Service Utilized _____

Has the applicant had any stays within the **past 1 year** at an inpatient psychiatric unit? If yes, please list:

Date ___/___/___ to ___/___/___ Location _____

Date ___/___/___ to ___/___/___ Location _____

Date ___/___/___ to ___/___/___ Location _____

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

Applicant Information

Today's Date ____/____/____ Applicant Name_____

Date of Birth ____/____/____ Gender Identity_____ Primary Language_____

Current Address_____ City_____ Zip Code_____

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

Name of Residence and Contact Person Info_____

Number in household, including self_____

Home Phone Number_____ Cell Phone Number_____

Emergency Contact Name_____ Phone_____ Relationship_____

Is this person on Medicaid? **YES / NO** List private or other Health Insurance_____

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

Income Source(s) _____

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_____

Does the applicant attend school? **YES / NO** If yes, grade_____ School_____

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

Mother

Name _____ Home phone _____ Cell phone _____

Address _____ City _____ Zip Code _____

Email address _____

Highest level of education _____ Income source _____

Father

Name _____ Home phone _____ Cell phone _____

Address _____ City _____ Zip Code _____

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 _____

Email address _____

Highest level of education _____ Income source _____

If Residential Facility:

Name of facility _____ Facility phone _____

Staff contact name _____ Title _____

Facility address _____ City _____ Zip Code _____

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 this person's physical appearance.

Does this person 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 this person a smoker? **YES / NO**

Can they refrain from smoking when with their volunteer? **YES / NO**

Is this person taking medications? **YES / NO** If yes, please note how it may affect the Compeer

Niagara friendship_____

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:

- Any age 18-29 years 30-50 years Over 50 years
- Same race Any race/No preference
- Smoker Non-smoker No preference
- Particular Religion _____

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

- AM PM Weekdays Weekends

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.

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 _____

Referral completed by _____ Relation to client _____

Signature _____ Date ____/____/____

(Must be the Mental Health Professional completing this referral)

Signature _____ Date ____/____/____

(Must be the Mental Health Professional providing treatment and in agreeance to guidelines and completion/content of referral)

Compeer Niagara Match Guidelines

(Child and Teen)

- Compeer Niagara volunteers commit to investing four (4) hours per month in their match. You and your mentor will decide what you want your relationship to look like with the input of your parent/guardian. Although this time can be a combination of phone calls, texts, 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.
- 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 child's home or public places. Overnight stays are not permitted. Scheduled times and activities should be mutually agreed upon by the parent/guardian, volunteer, and child.
- The goal is to spend time together, not spend a lot of money. The volunteer has no financial responsibilities toward the child or the family. Each person is to pay their 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.
- Time spent together should be social and focused on friendship. Compeer Niagara volunteers are supportive mentors, not health professionals nor personal assistants, taxicab drivers, gift-giver, babysitters, etc. Please do not treat them as such. It is the social interaction between the volunteer and the child that is important.
- Time together should be just the volunteer and child. Keep outings that include other people to a minimum, if at all. The match exists between the volunteer and the child. Do not include siblings or parent/guardians on outings.
- Be sure to have your child appropriately dressed and ready for their scheduled visit with the volunteer.
- Ensure that the custodial parent or caregiver is present at the time of the child's return. The child will not be left alone. If there is a special circumstance in which the parent/guardian will not be present at the time of return, the volunteer must be notified ahead of time and the parent/guardian must furnish them with the "Special Circumstances" form. The person present at the time of return must be 18 years of age or older.
- Alcohol, drugs, and dangerous situations are prohibited from any activity, both with your match and at Compeer Niagara hosted activities.
- Provide appreciation and feedback. A simple "thank you" or "I enjoyed that" means a lot. Providing respectful feedback is important, "I liked spending time with you, but I didn't enjoy the activity, lets do something else next time."

Compeer Niagara Match Guidelines

Continued

- 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, school, personal relationships, etc.).
- Be sure to share with the volunteer any special concerns you feel they should be made aware of, such as activities to do or avoid, medical problems, allergies, and who to phone in case of an emergency.
- The Compeer Niagara match is not to be used as a bargaining tool or consequence in disciplining the child. Do not cancel or threaten to cancel interaction with the volunteer as a form of discipline. For example, if the child is grounded, the volunteer should still be allowed to spend time with them quietly in the home.
- The volunteer is a mentor, not a substitute parent/guardian. Therefore, the volunteer does not become involved in the home discipline of the child. However, it is appropriate for the volunteer to correct misbehavior within the context of the relationship.
- It is understood that if the child 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, length, and number of interactions. Surveys and annual updates will also be completed by the volunteer, child, and parent/guardian.
- Sometimes a Compeer Niagara volunteer or participant 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.
- 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.
- 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.
- Should any questions or concerns arise, contact Tara Porter, Compeer Niagara Director, at 433- 3780 ext. 307