



COMPEER REFERRAL FORM

client # _____

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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 Release 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 _____

Compeer Calling volunteers make a supportive, friendly telephone call each week to waiting clients.

Include client in Compeer Calling? _____ Y _____ N (minimum age is 18 years)

Referral submitted by: _____

Title: _____

Agency: _____

Address: _____ Zip: _____

Phone: _____ Best time to call _____

Primary therapist (if different from above) _____

Agency: _____

Address: _____ Zip: _____

Phone: _____

The following must be completed for all referrals.

1. Date of Birth (mo/day/yr) ____/____/____	2 Sex: (20) 1. ___ Male 2. ___ Female	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 07 ___ Community Residence 08 ___ Adult Home (PPHA) 09 ___ Family Care 88 ___ Other 77 ___ Transient/ Homeless
3. Ethnic Origin: (check one) (21) 1. ___ White 2. ___ Black 3. ___ Hispanic 4. ___ Asian/ Pacific Islander	5. ___ Native American 6. ___ Other 7. ___ Unknown	10 ___ Incarcerated (prison, lock-up) 11 ___ Foster Home (C & Y) 12 ___ Therapeutic Foster Home 13 ___ RTF (C & Y) 99 ___ Unknown
4. Marital Status: (22) 1. ___ Never married 2. ___ Married 3. ___ Widowed	4. ___ Separated 5. ___ Divorced/ Annulled 6. ___ Unknown	6b. Household Composition (check one) 01 ___ Alone 02 ___ With Parents 03 ___ With Siblings 04 ___ With Spouse 05 ___ With Children 99 ___ Unknown
5. Education: (check last grade completed) (23) 00 ___ None 01 ___ 1st grade 02 ___ 2nd grade 03 ___ 3rd grade 04 ___ 4th grade 05 ___ 5th grade 06 ___ 6th grade 07 ___ 7th grade 08 ___ 8th grade 09 ___ 9th grade 10 ___ 10th grade	11 ___ 11th grade 12 ___ 12th grade 13 ___ Voc/Tech/Bus Schl 14 ___ 1st year college 15 ___ 2nd year college 16 ___ 3rd year college 17 ___ 4th year college 18 ___ Graduate School 19 ___ Ungraded 99 ___ Unknown	7. Employment Status: (check one) (27) 01 ___ Illness 02 ___ Homemaker 03 ___ Student 04 ___ Retired 05 ___ Unemployable 06 ___ Institutionalized 07 ___ N/A (e.g. child) 08 ___ Other Non-Labor 11 ___ Employed: Armed Forces 12 ___ Employed: Full Time 13 ___ Employed: Part Time 21 ___ On Lay-Off 22 ___ Looking for work 23 ___ Other (e.g. moving)

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 ___ Amdulation 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: _____

FOR OFFICE USE ONLY
