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Center for Family Life and Recovery, Inc.'s Compeer Program
Child and Youth Referral Form

The Compeer for Kids Program recruits, screens and matches trained volunteers in one -to-one mentoring relationships with children that are between the ages of 5 to 17 years, who are receiving mental health services and/or counseling services. Community volunteers agree to a one year commitment of weekly visits with their matched youth. Children may be referred by mental health professionals including, therapists, social workers, or case workers. Consent must be given by the parent or guardian of the child in order for the child to participate in the program. All information is requested to ensure, to the greatest degree possible, the success of the match. Because of this a signed release form must accompany all referrals. All answers are kept confidential.

Date Referral Received by Compeer Staff:

Name: _____ Date of Birth: _____ Gender: Male Female

Address: _____ Race: ___African American ___Asian ___Caucasian
 City, State, Zip: _____
 County: _____ Phone: _____
 Email: _____
 Parent or Guardian: _____

Referred By: _____ Number of Siblings: _____
 Job Title: _____ Sibling Ages: _____
 Agency: _____
 Address: _____ Occupation of Guardian: _____
 Phone: _____ Fax: _____
 Email: _____
 ___ Student ___Homemaker ___Veteran ___Retired ___SSI
 ___ Other: _____
 Place of Employment: _____

Child's School: _____ Grade: _____ Does the parent or guardian agree to this service?

Diagnosis/at-risk nature of child/youth*: _____
 *Must have either MI diagnosis, or be youth at risk to receive Compeer services

Reason(s) for Referral: _____

Which services would the child/youth be interested in? (Check all that apply)
 ___ 1:1 match ___ E-Buddies ___ Enrichment activities (youth groups)

List the goals you have for the child/youth:

1. _____
2. _____
3. _____
4. _____

Please list the interests, skills, strengths, hobbies, social clubs, programs and attributes of the referred (to best match the referred, please be as specific as possible): _____

Please list any medical conditions of the referred (include special needs, dietary restrictions, allergies, physical disabilities, medications, etc.):

Please list risk behaviors/symptoms of the referred (What does the volunteer need to know? Include behavioral issues, hx of substance abuse, hx of abuse or neglect, compulsive behaviors, fluctuations in mood, hallucinations, suicide, etc.): _____

Please indicate if the referred have any definite personal preferences regarding his/her volunteer? (NOTE: it is Compeer's policy to match same gender individuals) _____

What is the last level of education completed by the referred? (Check the last level completed)

Grade School High School Voc/Tech/Trade Undergraduate Graduate Unknown

Does the referred smoke? Yes No Does the referred object to a volunteer that smokes? Yes No

Does the referred have use of a car? Yes No

Does the referred use public transportation? Yes No Needs Assistance

Specify when the referred is available (Check all that apply): Daytime Evenings Weekdays
 Weekends Holidays

Additional Comments/Suggestions: _____

How did you learn of Compeer? Social Media Agency Colleague Client Brochure/Poster Other: _____

Primary Clinical Provider/Therapist/Practitioner (if different from the referring person):

Agency:

Phone:

As the referring person, I agree to follow the guidelines of the Compeer Program, and be available to the Compeer staff, and volunteer as needed, to best serve the referred individual.

X _____
(signature of referring individual)

Date: _____

Use the following table to determine income level. Use worksheet on next page.

Figure 1 - 2019 Income Limits Based on HUD Area Median Income(AMI) for Utica-Rome Metro Area				
Household Size	Household Income Category (%AMI)			Area Median Income (AMI)
	Extremely Low (< 30%)	Very Low (< 50%)	Low (< 80%)	
1 Person	\$ 14,800	\$ 24,650	\$ 39,450	
2 Person	\$ 16,910	\$ 28,200	\$ 45,050	
3 Person	\$ 21,330	\$ 31,700	\$ 50,700	
4 Person	\$ 25,750	\$ 35,200	\$ 56,300	
5 Person	\$ 30,170	\$ 38,050	\$ 60,850	
6 Person	\$ 34,590	\$ 40,850	\$ 65,350	
7 Person	\$ 39,010	\$ 43,650	\$ 69,850	
8 Person	\$ 43,430	\$ 45,500	\$ 74,350	

Total Number of Individuals in Household: _____

Based upon your TOTAL Household Income, Please check the appropriate category:

- Extremely Low
 Low
 Moderate
 Non Low-Moderate

Based on Applicant Demographics, Please check the appropriate category:

- White
 American Indian or Alaska Native
 Black/ African American
 Pacific Islander
 Asian
 Other/Multicultural

If the Applicant's is considered any of the following, Please check the appropriate categories:

- Disabled
 Elderly (62 + years)
 Hispanic
 Female head of household

NAME / ADDRESS: _____

I certify all information provided to be true understanding that falsification of any item may result in program ineligibility and/or forfeiture of funds. I also understand that income may be verified at any point in time.

1. Gender:

- Male
- Female

2. Ethnic Origin: (check one)

- White Asian/Pacific Islander-of Other Origin
- African-American Native American
- Black-of Jamaican Origin Bi-Racial: _____
- Black-Unspecified Origin Unknown/Other: _____
- Black-of Other Origin
- Hispanic-of Puerto Rican Origin
- Hispanic-Unspecified Origin
- Hispanic-of Central American Origin
- Hispanic-of Other Origin
- Asian/Pacific Islander- Unspecified Origin
- Asian/Pacific Islander-of Chinese Origin
- Asian/Pacific Islander of Indo-Chinese
- Asian/Pacific Islander of Indian/Pakistani Origin

3. Type of Residence: (check one)

- Own Residence Family Care
- Rental Home/Apartment Incarcerated (prison, jail, lock-up)
- Home of Parent, Relative, or Friend Foster Home (C&Y clients)
- Rooming House, Hotel, SRO Therapeutic Foster Home
- Nursing/Health-Related Facility RTF (C&Y Clients)
- Institution Transient/Homeless
- Community Residence Other
- Adult Home (PPHA) Unknown

4. County of Residence: (check one)

- Oneida Herkimer Other NY County: _____
(specify)

5. Marital Status:

- Never Married Married Widowed Separated
- Divorced/Annulled Unknown

6. Education: (check last grade completed)

- No Education Some college
- Less than high school 2-year college degree
- Some high school (8th grade or less) 4-year college degree
- High school/GED diploma Graduate school
- Vocational/technical/business school Unknown

7. Household Composition: (check one or more)

- With Parent(s) In Institution
- With Siblings In Residence Facility
- With Spouse No Permanent
- With Children With Other Relatives Unknown

8. Religion: (check one)

- Roman Catholic Buddhist Hindu
- Protestant Baptist Christian Scientist
- Methodist Jewish Unknown
- Pentecostal Islam Other
- Jehovah's Witness
- Congregational Affiliation: _____
(Please specify)

9. Primary Language

- English Braille Spanish Sign
- Vietnamese Other Unknown

10. Income Source: (check largest single source)

- Tanif Medicaid SSI Medicare
- SSDI Other Unknown

11. Additional Disabilities: Please Explain

- No Disabilities
- Developmental: _____
- Mental Retardation: _____
- Alcohol: _____
- Drugs: _____
- Mixed Substance: _____
- Blind: _____
- Hearing Impaired: _____
- Ambulation Impairment: _____
- Other: _____
- Unknown

12. Prior Mental Health Service: (check one)

- No Prior Known Services Prior Inpatient
- Prior Outpatient Prior Day Program
- Inpatient & Outpatient Inpatient Day Program
- Inpatient, Outpatient, Day Program
- Unknown

13. Annual Income

- Less than \$20,000
- \$20,000 to \$34,999
- \$35,000 to \$49,999
- \$50,00 to \$74,999
- \$75,000 and over

Waiver of Liability

It is the purpose of this agreement to exempt, waive and relieve Compeer, Inc., its affiliate associations, event hosts, sponsors, and each of them, their officers, directors, agents and employees, hereinafter referred to as 'releasees,' from any and all liability for personal injury, property damage, and wrongful death, including if caused by negligence-including the negligence, if any, of releases.

Participant (and the parent(s) or legal guardian(s) of participant, if applicable) acknowledges they have read and understand the foregoing.

Participant Signature

Age

Date Signed

Participant Name (Print)

Witness (Therapist)

Parent or Guardian Signature

Date Signed

Note: Please feel free to attach additional information.

If you would like to discuss this application or require further information, please call 315.733.1709.

Release of Information Consent/Authorization Form

I hereby give permission and consent for this agency, listed below, to periodically send and discuss information about myself, or the minor named in this form, which may include PHI (protected health information) and give authorization for this agency, to release all necessary information to appropriate staff of Center for Family Life and Recovery for the purpose of helping the Compeer Program in providing a supportive friendship/mentoring match.

I understand that this information will be kept at the Center for Family Life and Recovery, Inc. Furthermore, I understand and agree that not only will CFLR, Inc. staff have access to this information, but I am also aware that information may also be shared with college students who may serve an internship in this agency. In addition, information will also be shared with potential and current CFLR, Inc. Compeer volunteers as needed to further the success of a potential and present match. I understand that CFLR, Inc. staff, volunteers and interns will be allowed to discuss information with the referring agency and their representative as needed.

I understand that I have the legal right to refuse to give PHI to any agency, and or person I so designate provided the request for denial is clearly written and provided to Compeer along with this release of information authorization. This release of information is valid for the period that I am receiving Compeer services.

_____ (Name of agency releasing information on behalf of consumer)

_____(Street address of agency) _____(city) _____(state) _____(zip)

Phone: _____ Ext.: _____ Fax: _____

_____ (Name of consumer whose information is being released)

_____(signature of consumer or legal guardian authorizing release) _____(printed name of consumer or legal guardian) _____(date)

_____(signature of witness - preferably agency representative) _____(printed name of witness) _____(date)

Note: This consent for authorization may be withdrawn at any time by the consumer or legal guardian through written notification and forwarded to the CFLR, Inc. Compeer office. Consent for authorization will also expire when referred consumer is no longer receiving services from the Compeer Program.

In accordance to the New York State Mental Health Law, consumer files will be kept for seven years. If at that time the consumer is not receiving services from CFLR, Inc., the file will be destroyed.

REFERRAL GUIDELINES

Compeer volunteers are screened, trained, and supported to offer regular individual social activities and support with approved clients for an hour a week for a minimum twelve-month period. The friendship can be a valuable adjunct to your therapeutic interaction with clients who both require and could benefit from a supportive friendship and social re/connection.

PLEASE NOTE:

- All information requested is essential to facilitate the matching process and is confidential. You are welcome to make copies of the enclosed referral form for future use.
- Positively reflecting the client's personality (e.g. appreciative, likeable, easy to talk to etc.), as well as demonstrating a need and desire for a volunteer, can enhance a client's chance of being matched with a volunteer.
- Pertinent information both psychiatric and medical should always be disclosed – either on the referral form or in conversation with the Compeer Coordinator.
- Because of the high demand for Compeer volunteers, we cannot say if, or when a client will be matched, as some referred clients never receive a Compeer friend.
- **Please help us by only referring those clients who are most suitable and most in need. Please ensure that your client understands that there may be a long waiting period and there is a chance that we may not find them a suitable volunteer.**
- Referring Professionals play an important role in choosing a volunteer and supporting the Compeer relationship as it develops. You are the primary contact for issues regarding your client. In your role of monitoring the friendship, you:
 - Ask your client about their Compeer activities during your regular consultations
 - Are available for the volunteer to discuss any concerns regarding your client
 - Contact the volunteer or Compeer to ask how things are going
 - Receive copies of the volunteer's monthly report (if requested in writing)
 - Will be contacted by Compeer staff if concerns arise
 - Complete an Annual Survey of each client regarding Compeer services
 - Notify Compeer of any changes for the client (e.g.: contact information, health information, changes in services, address, phone number, email, diagnosis, etc.).

Please ensure that you have the time to fulfill these responsibilities before making the referral.

- As the primary support system for the volunteer, Compeer will:
 - Contact the volunteer after the first meeting (match date) and regularly throughout the friendship to monitor and support the match
 - Provide support and guidance during office hours
 - Require written monthly reports from volunteers