



WELCOME TO COMPEER OF GREATER BUFFALO!

Compeer's mission is to use the power of volunteer friends and mentors to improve the lives of children and adults striving for good mental health.

CHILD & TEEN REFERRAL PACKET Ages to 17

Please make a copy of the completed, signed application for your records.

Return the required forms to:

Compeer of Greater Buffalo
135 Delaware Ave. Suite 210
Buffalo, NY 14202

Or you can fax it to: (716) 883-3395

Feel free to call us at (716) 883-3331 if you have any questions. Once we receive and accept the completed application, you will receive a welcome to Compeer letter.

Thank you for your interest in Compeer for Kids.

Making friends and changing lives since 1985.

Compeer means equal, peer, match.

Revised KBP 8-6-2010

APPLICATION GUIDELINES

(For the Youth and the Referring Professional)

Compeer volunteers come from all over Erie County. They are screened, trained and supported to offer regular individual social activities with approved applicants for about an hour a week for at least a 12-month period.

PLEASE NOTE:

- All information requested is essential to facilitate the matching process and is, of course, confidential. You are welcome to make copies of this blank application packet for future use.
- Positively reflecting the applicant's personality (ex. appreciative, likeable, easy to talk to, etc), as well as demonstrating a need and desire for a volunteer, enhances an applicant's chance of being matched.
- Pertinent information, both psychiatric and medical, should always be disclosed – either on the referral form or in conversation with the Compeer Coordinator.
- A delay may occur in matching the youth because of the high demand for Compeer volunteers. Please help us by only submitting an application for those consumers who are most suitable and most in need. Please ensure that the applicant understands that there may be a long waiting period.
- 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 (the referring professional):**
 - Will ask your client about their Compeer activities during your regular consultations
 - Are available for the volunteer to discuss any concerns regarding your client
 - Receive copies of the volunteer's monthly report.
 - Will be contacted by Compeer staff if concerns arise
 - Let Compeer know if your client ends services with you or if there is a change in any information.
- As the primary support system for the volunteer, **Compeer:**
 - Contacts the volunteer after the first meeting and regularly throughout the friendship
 - Provides phone access & support during office hours
 - Requires written monthly reports from volunteers
 - Conducts ongoing training and Peer Support meetings on a regular basis
 - Provides one-to-one supervision as necessary

Please ensure that you have the time to fulfill these responsibilities before submitting the application

PLEASE KEEP THIS FORM FOR YOUR RECORDS



CHILD & TEEN REFERRAL FORM
Ages to 17

ELIGIBILITY CRITERIA FOR COMPEER FOR KIDS

(Circle One)

1.	The youth lives in Erie County, NY. REQUIRED	YES / NO
2.	The Referring Professional completing this application form agrees to support the friendship by talking with the youth, youth's parent/caregiver, volunteer and Compeer staff prior to, and if necessary, during the 12 month friendship as outlined in the Application & attached Matching Procedures.	YES / NO
3.	The youth is not acutely suicidal .	YES / NO
4.	The youth is not physically or verbally aggressive to adults.	YES / NO
5.	The youth does not have thoughts to harm self or others .	YES / NO
6.	The youth <u>wants</u> but lacks friends , and has limited social supports.	YES / NO
7.	The youth is willing to participate in the Compeer program.	YES / NO
8.	The youth is not a runaway risk .	YES / NO
9.	The youth has been diagnosed with an emotional or behavioral health disorder; has a parent or sibling diagnosed with a mental illness; or has a parent in state or federal prison.	YES / NO
10.	The applicant is under 18 years . <i>(If over 18, please call the Compeer office for an adult referral form, or download and print from www.compeerbuffalo.org).</i>	YES / NO
11.	The youth does not have a primary diagnosis of developmental disability.	YES / NO
12.	The youth is not actively using alcohol or illicit drugs .	YES / NO
13.	The youth's parent/guardian is willing to have their child participate in the Compeer program, and communicate with Compeer mentor and Coordinator.	YES / NO

If you answered YES to all criteria above, please proceed with the application. If you answered NO to one or more of the criteria above, please contact Compeer prior to completing this form.

PERSONAL INFORMATION

Application Date:	Name of Child/Teen:		
Current Address:		Zip Code:	
Phone: Home:	Text?:		YES / NO
Cell:			
Youth's Email:			
Health Insurance Type:		HMO or managed care:	
Emergency Contact:			
Phone:		Relationship:	

Person requesting services:	
Address:	
Phone:	Relationship:

REFERRING PROFESSIONAL INFORMATION

Name:	Title:
Agency:	
Address:	
Phone:	Ext:

ANY OTHER MENTAL HEALTH PROFESSIONAL/ CASE MANAGER:

Name:	Title:
Agency:	
Address:	
Phone:	

PARENT INFORMATION:

Father	Mother
Name:	Name:
Address:	Address:
Phone: Home: Cell: Work:	Phone: Home: Cell: Work:
Income Source:	Income Source:
Highest Level of Education:	Highest Level of Education:

If youth resides with someone other than the parent, please complete below:

Name:		
Address:		
Phone: Home: Cell: Work:	Relationship to youth: <input type="checkbox"/> Foster <input type="checkbox"/> Relative/ Kinship <input type="checkbox"/> Other : _____	
IF RESIDENTIAL FACILITY:		
Name of facility:		
Facility Address:		
Staff Contact Person Name:		
Title:	Phone:	Best time to call:

SIBLING INFORMATION

First Name:	Last Name:	Age:	Gender:
First Name:	Last Name:	Age:	Gender:
First Name:	Last Name:	Age:	Gender:

Please attach additional sibling information as needed. Please indicate with (*) other family members matched with a Compeer volunteer.

Youth's first name:		Last initial:
Date of Birth:	Age:	Gender:
Race:	Hispanic: Yes / No	Primary Language:
Street Name:		Zip Code:
Is youth pregnant or parenting: Yes / No If yes, ages: _____	Does youth and/or someone in home smoke? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Who : _____	
Has youth had contact with the justice system? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe : _____	How much?: _____	
	Is youth employed? Yes / No	
Living Situation: <input type="checkbox"/> With Family <input type="checkbox"/> Group Home <input type="checkbox"/> Foster Care <input type="checkbox"/> Other: _____	Physical description:	
Youth's religion:	Will this be a factor in choosing a Compeer mentor? Yes / No	
Does youth attend school? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes grade: _____ And school : _____		Has youth been identified by Committee on Special Education? Yes / No

Is youth taking medications? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please note: _____ _____	Does youth have any food allergies or other dietary limitations? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please note: _____ _____
Does youth need supervision or assistance with basic self-care activities, including dressing, toileting, hygiene and grooming? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: _____ _____ _____	

Mental Health Information

Please include DSM diagnosis code.

Axis I: (Acute diagnosis)	DSM diagnosis code:	
Axis II: (Personality disorders and developmental disabilities)	DSM diagnosis code:	
Axis III: (Any relevant medical diagnoses)		
Axis IV: (Stressors)		
Axis V: (Global Assessment of Functioning)		

Has youth experienced a psychiatric hospitalization?
 Yes No
If yes, please note dates and facility: _____

Please list the youth's
Strengths: _____

Weaknesses: _____

Personality (in general terms): _____

What are the youth's hobbies and interests? What would he/she like to do with his/her Compeer mentor?

Why do you feel Compeer will be beneficial for this child?

Briefly describe the child's way of relating to others.

What suggestions do you have to guide the Compeer volunteer in developing a relationship with the child?

Specific Concerns/ Additional Comments:

Does youth have regular access to the internet? YES / NO

Would youth like to have contact with Compeer while waiting for a one-to-one match?
 Yes No
 If yes, circle all that apply:

Email	Text	Newsletter	Phone calls
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Youth would like a Compeer mentor who is:	<input type="checkbox"/> Any age <input type="checkbox"/> 18- 29 years <input type="checkbox"/> 30- 50 years <input type="checkbox"/> Over 50 years	<input type="checkbox"/> Any race <input type="checkbox"/> Same race <input type="checkbox"/> Other race:	<input type="checkbox"/> Any <input type="checkbox"/> Female <input type="checkbox"/> Male
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RELEASE OF INFORMATION

Date _____

Name of Child: _____ DOB _____

In order to assist in assessment and to facilitate a match, I authorize Compeer of Greater Buffalo ("Compeer") to communicate in person, by phone, or in writing with the persons and/or organizations listed below, and I also authorize the persons and/or organizations listed below to communicate in person, by phone or in writing with Compeer.

I also specifically authorize the persons and/or organizations listed below to release the following information to Compeer – educational, psychological, psychiatric, and/or medical reports; and treatment summaries. I likewise authorize Compeer to release treatment information to the persons and/or organizations listed below.

I understand this authorization is in effect as long as we are active with Compeer, although I may cancel it any time, upon written notice to Compeer.

Name of Referring Person _____

Name of Agency or Private Practitioner _____

Name of School: _____

Name of Teacher or School Counselor: _____

Other _____

Printed Name of Parent/ Guardian

Parent/ Guardian's Signature

Date

Date

INFORMATION SHEET FOR CHILDREN AND TEENS Rights and Responsibilities

(Youth's copy)

- I have the right to have my privacy and confidentiality protected and respected and to be treated with dignity by the Compeer volunteer and staff.
- I have the responsibility to treat the volunteer with respect and in a courteous manner.
- I understand that the volunteer is a friend, role model and if needed an advocate. The volunteer is not a health professional.
- I understand that a friendship takes time to grow and sometimes people are not a good match; however I will give the friendship at least a few visits before terminating.
- I understand that my Compeer friendship is one-to-one. We will not include other people in our visits, for at least three to six months, or longer if needed.
- I understand that activities we do should be free or low cost and what we would both like to do. I will pay for myself during outings.
- I will not attend any activities with the volunteer that include drugs, alcohol, or dangerous situations.
- I understand that activities should take place in my home or public places until both the volunteer and I feel comfortable.
- I understand that the volunteer has agreed to volunteer for a minimum of four hours a month for at least one year. This does not necessarily mean the friendship will end after twelve months, but it may.
- I understand that the volunteer is required to submit a monthly report to Compeer and my health professional, which will describe the amount and type of contact we have had. If I prefer, we can complete this report form together.
- I understand that if I make any threats to harm myself or somebody else that the volunteer has a duty of care to contact my health professional, Compeer staff or other appropriate person to ensure my safety. I also understand that if my volunteer has any concerns, that they have the duty to report this to Compeer.
- I have the responsibility to complete a Compeer Annual Survey, and inform Compeer if my address, phone number, or email address changes.
- I understand that the Compeer friendship is made up of the Compeer mentor, the Compeer staff, my health professional, and myself.
- I understand that visits with my Compeer mentor will not be used as a punishment or reward.