



Peer Coach Project Referral

Participant:

Last Name First MI

Address:

City: Island: Zip:

Telephone: Birthdate: AMHD Registered?
Month/Day/Year Yes / No

Soc.Sec.# Male Female Submit Locus Recovery Plan

Diagnostics: Axis I:

Axis II:

Axis III:

Axis IV:

Axis V:

Ethnicity:

African American Hispanic
American Indian Japanese
Caucasian Koream
Chinese Portuguese
Filipino Samoan
Part-Hawaiian Other

Service Area:

Diamond Head (DH) Lana'I (LA)
Kalihi-Palama (KP) Maui (MA)
Central,Leeward Molokai (MO)
Windward Oahu W. Hawaii - Kona
Wai'anae (WA) E.Hawaii - Hilo
Kaua'I (KA)

Narrative Description

[Blank lines for narrative description]

Referral Source Name: Agency:
Address:
City: Island: Zip:
Telephone: Fax:

The above information is provided to the best of my knowledge. Eligibility information not provided within 30 days of service will be terminated.

Authorization by Referral Source (Consumer meets diagnosis criteria) Date

Mail or fax Referral Form with completed Pre-Evaluation Form
Attn: JessieAnn Yokoyama, Program Manager
Oahu Fax: 536-9986



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PRE-EVALUATION

Participant's Name: _____ Date: _____

Person filling out this form is the (check one): Participant Peer Coach Referral Source

Name of person filling out this form: _____

The Daily Living Skills to be focused on is (check one):

- | | | |
|--|--|--------------------------------------|
| <input type="checkbox"/> Substance Abuse | <input type="checkbox"/> Appointments | <input type="checkbox"/> Educational |
| <input type="checkbox"/> Personal Hygiene | <input type="checkbox"/> Transportation | <input type="checkbox"/> Housing |
| <input type="checkbox"/> Exercise | <input type="checkbox"/> Social Situations | <input type="checkbox"/> Legal |
| <input type="checkbox"/> Nutrition | <input type="checkbox"/> Money Management | <input type="checkbox"/> Other |
| <input type="checkbox"/> Managing Personal Affairs | | |

Describe the aspects of the above Daily Living Skills which need to be worked on: _____

Circle the number which best describes the Participant's current level for the following questions:

	None		A lot	
A. How well do you understand "empowerment"?	0	1	2	3
B. How well can you do the above Daily Living Skill?	0	1	2	3
C. How confident are you in doing this Daily Living Skill?	0	1	2	3
D. How well are you able to communicate your needs to people?	0	1	2	3
E. How comfortable are you with the quality of your life?	0	1	2	3



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SURVEY ON DAILY LIVING SKILLS

Referral Sources, along with their Participant/Client, may use this Survey to assess which Daily Living Skills need to be worked on.

_____ Substance Abuse:

- _____ How to contact resources for substance abuse education/treatment
- _____ How to fill out applications for substance abuse education/treatment
- _____ How to self-disclose (share information about yourself)
- _____ Consequences of mixing prescribed medication with drugs and alcohol
- _____ Other _____

_____ Personal Hygiene:

- _____ How to take a shower properly
- _____ How to select hygiene products
- _____ How to take care of your teeth and gums
- _____ How to take care of your skin
- _____ How to take care of your hair
- _____ How to do laundry
- _____ How to take care of your clothes
- _____ How to shop for clothes
- _____ How to dress for the occasion
- _____ Other _____

_____ Exercise:

- _____ The importance of exercise
- _____ How to use exercise (ie-walking) clubs, gyms, and community centers
- _____ How to exercise properly
- _____ Other _____

____ Social Situations:

- _____ How to avoid unpleasant social situations
- _____ How to use leisure time effectively
- _____ How to motivate yourself to have fun
- _____ How to resolve difficult situations
- _____ How to cope with stress
- _____ How to identify your needs or talents
- _____ How to learn about yourself, your personality, and how others perceive you
- _____ How to behave in different social situations
- _____ How to make friends
- _____ How to maintain friendships
- _____ How to admit when you are wrong or say you are sorry
- _____ How to be assertive
- _____ How to express yourself
- _____ How to communicate effectively
- _____ What to do in an emergency situation or crisis
- _____ How to have fun
- _____ How to behave in different social situations
- _____ Other _____

____ Money Management:

- _____ How to budget your money
- _____ How to report income
- _____ How to obtain financial resources
- _____ How to get information about representative payees
- _____ How to apply for financial assistance
- _____ How to manage bills
- _____ Other _____

____ Vocational:

- _____ How to find a job
- _____ How to prepare a resume
- _____ How to prepare for an interview
- _____ How to behave on the job
- _____ How to talk to your supervisor and co-workers
- _____ How to self-disclose (share information about yourself)
- _____ How to work with others
- _____ How to maintain/manage relationships at work
- _____ How to get training
- _____ How to schedule activities at work
- _____ Other _____

____ Nutritional:

- _____ How to obtain information on good nutrition
- _____ How to plan meals
- _____ How to cook
- _____ How to make food stamps last
- _____ How to shop for food
- _____ How to use coupons
- _____ How to use EBT (Electronic Bank Transfer) to buy food
- _____ How to use super market club cards (Safeway, Times, etc.)
- _____ Other _____

____ Managing Personal Affairs

- _____ How to keep track of appointments
- _____ How to manage your time
- _____ How to keep records of yourself
- _____ How to organize your activities
- _____ How to set personal goals
- _____ Other _____

____ Appointments:

- _____ How to schedule an appointment
- _____ How to get referrals (for specialists, services, etc.)
- _____ How to find out what your health insurance covers
- _____ How to find resources for what your insurance does not cover
- _____ How to be patient in the waiting room
- _____ How to talk to your doctor or care provider
- _____ How to make sure your physician talks to your psychiatrist
- _____ How to discuss your needs or issues
- _____ How to plan your treatment
- _____ Other _____

____ Transportation:

- _____ How to catch the bus
- _____ How to apply for a bus pass
- _____ How to plan for appointments when riding the bus
- _____ How to find out about other transportation resources
- _____ How to behave on the bus
- _____ Other _____

- _____ Educational:
- _____ How to decide what classes/subjects to take
 - _____ How to apply/register for classes
 - _____ How to find financial aid
 - _____ How to study
 - _____ How to talk to your academic advisor/counselor
 - _____ How to self disclose (share information about yourself)
 - _____ How to get involved with other school activities
 - _____ Other _____

- _____ Housing:
- _____ How to identify your housing needs
 - _____ How to find housing resources
 - _____ How to get along with roommates, housemates, neighbors, and landlords
 - _____ How to clean house
 - _____ How to find furniture and housing furnishings
 - _____ How to pack and move
 - _____ How to deal with the stress of moving
 - _____ How to read a rental agreement
 - _____ How to deal with an eviction
 - _____ How to get repairs done
 - _____ Other _____

- _____ Legal:
- _____ How to find out your rights
 - _____ How to self-disclose (share information about yourself)
 - _____ How to obtain legal documents/records
 - _____ How to find legal help
 - _____ How to file a complaint
 - _____ Other _____

_____ Other:

Consumer Name _____

Date _____



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CONSENT FOR SERVICES

Congratulations, you have recently been provided with a Peer Coach. The Peer Coach's responsibility is to work with you to help you with daily living skills. Mental Health Kokua would like to inform you that neither the Peer Coach nor Mental Health Kokua will be liable for any unforeseen events, and understand that there is no guarantee that services will be fully beneficial and unforeseen events may arise during the course of your Peer Coach services. By signing below, you agree not to hold your assigned Peer Coach, Mental Health Kokua, or the Hawaii Community Foundation liable for any injury to you, while you voluntarily engage in activities as a participant in the Peer Coach Project.

Consumer: _____ Date: _____

Witness: _____ Date: _____