



# Community Peer Program

## Peer Connector Participant Application

Santa Clara County

**PLEASE NOTE ALL ANSWERS WILL BE HELD IN STRICT CONFIDENCE.**

*Only a person with a mental health condition may request a Peer Connector. NAMI Community Peer Program does not accept referrals to the program from family, friends, or mental health professionals.*

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Age: \_\_\_\_\_ Have you been hospitalized in the last year? \_\_\_\_\_ If yes, please tell us where:

\_\_\_\_\_

### Emergency Contact

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

*The following questions will help us know you better in order to make the best match possible.*

**Where did you hear about Community Peer Program? (El Camino Hospital, Momentum, Stanford...)**

**What brought you to NAMI?**

**Have you participated in a NAMI peer mentor program before? If so, when?**

**Do you have a diagnosis? If not, please list some of your symptoms and/or medication side effects?**

*How would you describe yourself? What are some of your strengths? What are some of your shortcomings?*

*In what way does your mental health affect your activities of daily living?*

*How does your living situation impact your mental health?*

*List three (3) goals you would like to achieve while working with your Peer Connector?*

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

*What are you looking for in a Peer Connector?*

*What would you like your Peer Connector to know before you meet?*

*Where would you like your mental health to be after four (4) months?*

*On a scale of 1-5, please tell us how isolated you currently feel (list the number):*

*Extremely isolated    1    2    3    4    5    Not isolated            \_\_\_\_\_*

*On a scale of 1-5, please tell us how hopeful you are about your recovery (list the number):*

*Not at all hopeful   1   2   3   4   5   Very hopeful   \_\_\_\_\_*

*Do you have any physical limitations, medical conditions, or dietary restrictions? If yes, please describe below:*

*What do you use for transportation?(car, bus..)*

*Please add any comments or questions below:*

**PRINT**

***THEY ARE NOT THERAPISTS OR COUNSELORS.***

***The Peer Connector will model health and wellness for their peers, provide support and resources, and encourage their peer without advising, fixing, saving, or setting them straight.***

***MAIL YOUR COMPLETED APPLICATION TO:***

*Community Peer*

*Program NAMI Santa*

*Clara County*

*1150 South Bascom Avenue, Suite*

*24 San Jose, CA 95128*

**Email: [CPP@namisantaclara.org](mailto:CPP@namisantaclara.org)**