

Compeer Consumer Referral Form

Please return completed form to:

Compeer Program at PLEA
733 South Avenue
Pittsburgh, PA 15221
(412) 243-3464
gk@plea-agency.org



Referring Professional: _____

Facility: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Ext: _____ E-mail: _____

24 hour emergency number: _____

*The Compeer Program has three separate components (see attached)
To which program is this consumer being referred? (Check all that apply)*

- Compeer One-to-One Match Program
- Compeer Group Match Program
- Compeer Recreation Center Program

Referral Date: _____ SCU #: _____

Consumer Name: _____ SS#: _____

Address: _____ DOB: _____

City, Ste, Zip: _____ Phone #: _____

Age: _____ Sex: _____ Religion (opt.) _____ Race: _____

Smoker? _____

Physical Description: _____

Please be detailed and specific in answering the following:

Social Functioning/Personality: _____

Positive Attributes: _____

Current Activities/Interests: _____

Limitations/Special Needs/Medical Conditions: _____

Symptomatic Behaviors (What does the Volunteer need to know?) _____

Diagnosis _____

Prior Hospitalizations? _____ Frequency of hospitalizations? _____

Exhibited Suicidal Behaviors? _____

Goals for the Relationship and Guidelines for Volunteer: _____

***** Please include a signed release of information form with this completed application. *****