

**COMMUNITY PEER PROGRAM
Peer Connector Participant Application**

Date _____

Name _____ Phone _____

Email _____

Address

Age/Range _____

Emergency Contact

Name _____ Phone _____

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

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

What is your living situation (family, alone, group living, other)?

What does your daily schedule look like?

What do you like to do in your free time?

How did you hear about this program?

What do you expect from your PEER?

What goals would you like to achieve while working with your PEER?

Do you have any medical conditions your PEER should be aware of?

Do you have any side effects to your prescribed medications that you would like your PEER to know about?

Do you have any dietary restrictions?

What do you use for transportation?

How would you describe yourself?

Please indicate your diagnosis.

Have you been hospitalized in the last year? If so, where?

Please tell us how isolated you currently feel.

Extremely isolated 1 2 3 4 5 Not isolated

Please tell us how hopeful you are about your recovery:

Not at all hopeful 1 2 3 4 5 Very hopeful

Please add any comments or questions here:

Mail your completed application to

Community Peer Program
NAMI SCC
1150 S. Bascom Ave Suite 24
San Jose, CA 95128
Email: CPP@namisantaclara.org