



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