

The New Hampshire Recovery Oriented Step-Up/Step-Down Program (SUSD)

For Adults 18 Years and Older

Prospective Guest Referral Form

Monadnock Area Peer Support 32 Washington Street Keene, NH 03431 603.352.5093 Office 603.355.8211 Fax susd@monadnockpsa.org	On the Road to Wellness 59 Sheffield Road Manchester, NH 03103 603.232.6250 Office 603.232.6158 Fax susd@otrw.org	H.E.A.R.T.S. Peer Support Center 5 Pine St. Ext. 1G Nashua, NH 03060 603.882-8400 Office 603.882-8700 Fax cherylt@heartpsa.com	Connections Peer Support Center 162 1st NH Turnpike Northwood NH, 03261 603.427.6966 Office 603.373.6519 Fax kali@connectionspeersupport.org
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To the greatest extent possible, please fill out this form with the individual being referred. Please fill out this form completely so we may process your request in a timely manner. We will contact you, the individual or provider listed, to schedule a conversation about the Step-Up Step-Down Program and clarify information on this form.

Referring Provider:	Office #:
Practice/Hospital Name:	Fax #:
Contact Person:	Contact Phone #:
PCP (if different):	PCP Phone #:
Referring Region:	
Referral Type: <input type="checkbox"/> Step-Up (i.e. diversion from inpatient care) <input type="checkbox"/> Step-Down (i.e. out of an institutional setting)	

Individual Name:	DOB:	Age:
Home Address:		
<input type="checkbox"/> Check here if homeless. Please list last known address above.		
Cell #:	Landline #:	Email Address (if any):
Best or preferred method of contact: <input type="checkbox"/> Cell <input type="checkbox"/> Landline <input type="checkbox"/> Email		
Is this individual currently hospitalized? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, for how long?		
Presenting mental health symptoms/diagnosis:		
Known physical or medical conditions:		
Is the individual able to cook, clean, bathe, dress, and move about without assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Comments:		
Is the individual able to administer their own medications without oversight? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Comments:		

Is this individual under a Conditional Discharge? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is the individual currently employed: <input type="checkbox"/> Yes <input type="checkbox"/> No If "no" to the above, will they be actively seeking employment: <input type="checkbox"/> Yes <input type="checkbox"/> No Are they able to provide proof of employment eligibility should they seek employment: <input type="checkbox"/> Yes <input type="checkbox"/> No
Do they have a legal right to remain permanently in the United States: <input type="checkbox"/> Yes <input type="checkbox"/> No If "no" to the above, what is their visa status? _____
Is this individual currently enrolled in any type of school? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes," will this individual be actively engaged with this schooling while part of this SUSD Program? <input type="checkbox"/> Yes <input type="checkbox"/> No
Which of the following best describes the individual ... select one: <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> White or Caucasian <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Multiracial or Biracial <input type="checkbox"/> Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> A race/ethnicity not listed <input type="checkbox"/> Prefer not to answer
To which gender identity does the individual most identify ... select one: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Transgender Female/Transitioning from Male to Female <input type="checkbox"/> Transgender Male/Transitioning from Female to Male <input type="checkbox"/> Gender Queer/Non-Conforming <input type="checkbox"/> Prefer not to answer <input type="checkbox"/> Don't Know <input type="checkbox"/> Not Listed _____
How would the individual best describe their sexual orientation ... select one: <input type="checkbox"/> Asexual <input type="checkbox"/> Bi-Sexual <input type="checkbox"/> Gay/Lesbian <input type="checkbox"/> Heterosexual/Straight <input type="checkbox"/> Pansexual <input type="checkbox"/> Queer <input type="checkbox"/> Prefer not to answer <input type="checkbox"/> Don't Know <input type="checkbox"/> A sexual orientation not listed here
Has this individual ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Is this person required to register as a sex offender? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Has this individual been given information regarding this Step-Up Step-Down Program prior to this referral? <input type="checkbox"/> Yes <input type="checkbox"/> No
List any natural supports (eg. family, friends, faith community, etc.):
List any other providers (eg. Community Mental health services, case managers, therapists, psychiatrists, etc.):
Comments:

The New Hampshire Recovery Oriented Step-Up/Step-Down Program (SUSD) does not and shall not discriminate on the basis of race, color, religion (creed), gender, gender expression, age, national origin (ancestry), disability, marital status, sexual orientation, or military status, in any of its activities or operations. We are committed to providing an inclusive and welcoming environment for all members of our staff, guests, members, volunteers, vendors, and clients.



Step-Up Step-Down Program

Prospective Guest Checklist

Please initial to affirm each statement. Once complete, please return with the referral form via fax to (603) 232-6158.

_____ I have reviewed information about On the Road to Wellness' Step-Up Step-Down program and the Peer Support Center.

_____ I understand that this program is 100% voluntary.

_____ I asked that this referral be completed on my behalf.

_____ I understand that this is an entirely non-clinical, non-medical program where I am expected to care for myself, including administering my own medication and providing my own food.

_____ I understand that I am expected to hold myself personally responsible for practicing peer values and maintaining a safe supportive environment at the Step-Up Step-Down home. This includes....

- Treating myself AND others with dignity and respect.
- Participate in peer support by receiving AND giving mutual support to all people in the home (inclusive of guests and peer staff alike).
- Refraining from yelling, swearing, destructive behavior, and violence or threatening of any form.
- Participating in peer support activities and developing wellness plans.

Please tell us below why you think the Step-Up Step-Down program is right for you. Share as much or as little as you'd like, and feel free to use the back or additional paper if you need more room.

