

Peer Support Services Application

Please fill out the following information in order to be eligible to receive peer support services. All information you provide is confidential. Please complete questions on both pages of this document.



Salmon Creek Clinic
3406 Glacier Hwy
Juneau, Alaska 99801
Phone (907) 463-3303
Fax (907) 463-6858

Midtown Clinic
1944 Allen Court
Juneau, Alaska 99801
Phone (907) 463-6882
Fax (907) 463-6858

Client Information				Today's Date:																		
First Name		Last Name		Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male																		
Age:	DOB:	Phone:																				
Mailing Address:		State:	Zip Code:	Homeless? <input type="checkbox"/> Yes <input type="checkbox"/> No																		
Physical Address:		State:	Zip Code:																			
<p>Race(s): <u>Check all that apply</u></p> <table border="0"> <tr> <td><input type="checkbox"/> American Indian</td> <td>Alaska Native:</td> </tr> <tr> <td><input type="checkbox"/> Asian</td> <td><input type="checkbox"/> Aleut</td> </tr> <tr> <td><input type="checkbox"/> Black/African American</td> <td><input type="checkbox"/> Athabascan (other than Amer. Indian)</td> </tr> <tr> <td><input type="checkbox"/> Caucasian</td> <td><input type="checkbox"/> Haida</td> </tr> <tr> <td><input type="checkbox"/> Native Hawaiian</td> <td><input type="checkbox"/> Inupiat</td> </tr> <tr> <td><input type="checkbox"/> Pacific Islander</td> <td><input type="checkbox"/> Tlingit</td> </tr> <tr> <td><input type="checkbox"/> Other</td> <td><input type="checkbox"/> Tsimshian</td> </tr> <tr> <td><input type="checkbox"/> Unknown</td> <td><input type="checkbox"/> Yupik</td> </tr> <tr> <td><input type="checkbox"/> Not collected</td> <td><input type="checkbox"/> Other Alaska Native</td> </tr> </table>					<input type="checkbox"/> American Indian	Alaska Native:	<input type="checkbox"/> Asian	<input type="checkbox"/> Aleut	<input type="checkbox"/> Black/African American	<input type="checkbox"/> Athabascan (other than Amer. Indian)	<input type="checkbox"/> Caucasian	<input type="checkbox"/> Haida	<input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> Inupiat	<input type="checkbox"/> Pacific Islander	<input type="checkbox"/> Tlingit	<input type="checkbox"/> Other	<input type="checkbox"/> Tsimshian	<input type="checkbox"/> Unknown	<input type="checkbox"/> Yupik	<input type="checkbox"/> Not collected	<input type="checkbox"/> Other Alaska Native
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<p>Ethnicity: <u>Check one</u></p> <input type="checkbox"/> Not Spanish/Hispanic/Latino <input type="checkbox"/> Chicano <input type="checkbox"/> Cuban <input type="checkbox"/> Hispanic-not otherwise specified <input type="checkbox"/> Mexican American <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Spanish/Hispanic/Latino <input type="checkbox"/> Unknown Not collected		<p>Special Needs: <u>Check all that apply</u></p> <input type="checkbox"/> None <input type="checkbox"/> Autism <input type="checkbox"/> Developmentally Disabled <input type="checkbox"/> Fetal Alcohol Spectrum Disorder <input type="checkbox"/> Major Difficulty in Ambulating or non-ambulation <input type="checkbox"/> Moderate to Severe Medical Problems <input type="checkbox"/> Organically Based Problem <input type="checkbox"/> Severe Hearing Loss or Deaf <input type="checkbox"/> Traumatic Brain Injury <input type="checkbox"/> Visual Impairment or Blind <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> No Response																				
<p>Education completed: <u>Check one</u></p> <input type="checkbox"/> No Schooling <input type="checkbox"/> If K-11, how many years		<p>English Fluency: <u>Check one</u></p> <input type="checkbox"/> Excellent <input type="checkbox"/> Good																				

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<input type="checkbox"/> General Education Degree (GED) <input type="checkbox"/> High School Diploma (not GED) <input type="checkbox"/> Vocational Training beyond High School <input type="checkbox"/> Special Ed Ungraded Classes <input type="checkbox"/> Baccalaureate Degree (BA, BS) <input type="checkbox"/> Graduate work (no degree) <input type="checkbox"/> Master's degree <input type="checkbox"/> Doctorate/Professional degree <input type="checkbox"/> Post Secondary 1 yr <input type="checkbox"/> Post Secondary 2 yrs <input type="checkbox"/> Post Secondary 3 yr <input type="checkbox"/> Post Secondary 4+ yrs (no degree) <input type="checkbox"/> Other <input type="checkbox"/> Unknown Not Collected		<input type="checkbox"/> Moderate <input type="checkbox"/> Poor <input type="checkbox"/> Not at all <input type="checkbox"/> No response Veteran Status: <i>Check one</i> <input type="checkbox"/> Never in Military <input type="checkbox"/> Vietnam Vet; combat <input type="checkbox"/> Vietnam Vet; no combat <input type="checkbox"/> Gulf War Vet; combat <input type="checkbox"/> Iraq War Vet; combat <input type="checkbox"/> Afghan War Vet; combat <input type="checkbox"/> Active duty combat <input type="checkbox"/> Active duty no combat <input type="checkbox"/> Reserves/Nat. Guard; combat <input type="checkbox"/> Reserves; no combat <input type="checkbox"/> Retired from Military; combat <input type="checkbox"/> Retired Military; non combat <input type="checkbox"/> Veteran other eras <input type="checkbox"/> Military Dependent <input type="checkbox"/> Not Applicable <input type="checkbox"/> Not Collected Unknown		
<i>Only required if FEMALE:</i> Pregnant: ___ yes ___no ___unknown If yes, due date: ___/___/___		Have you used IV drugs in the last 6 months? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been an IV Drug User? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you struggle with addiction? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever used opioids recreationally? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you currently using opioids? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a tobacco user? <input type="checkbox"/> Yes <input type="checkbox"/> No	Would you like help with tobacco cessation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you currently working with OCS? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently incarcerated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you currently on parole or probation? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you experience any of the following? <input type="checkbox"/> Depression <input type="checkbox"/> Anxiety <input type="checkbox"/> Panic Attacks <input type="checkbox"/> Bipolar Disorder <input type="checkbox"/> Post Traumatic Stress Disorder <input type="checkbox"/> Mood Disorders	

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Is there anything else you would like us to know about your current situation?

Needs

I need help with the following:	<input type="checkbox"/> Getting Into Treatment <input type="checkbox"/> After Care <input type="checkbox"/> Peer Support <input type="checkbox"/> Housing <input type="checkbox"/> Transportation <input type="checkbox"/> Clothing <input type="checkbox"/> Food <input type="checkbox"/> Other Explain:
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Services

Peer Services I plan to utilize at JAMHI:	<input type="checkbox"/> Individual Peer Support <input type="checkbox"/> Sober Activities <input type="checkbox"/> Recovery Check-Ups <input type="checkbox"/> Relapse Prevention <input type="checkbox"/> Family Support Meeting <input type="checkbox"/> Mutual Support Groups <input type="checkbox"/> Case Management <input type="checkbox"/> Skill Development
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Treatment Services I plan to utilize at JAMHI:	<input type="checkbox"/> Outpatient Addiction Treatment <input type="checkbox"/> Mental Health Treatment <input type="checkbox"/> Medication Assisted Treatment <input type="checkbox"/> Primary Care
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Are you receiving services from any other provider?
 Yes No

Which services are you receiving from other services providers?

Peer Support Services Survey









Participant Last Name
Participant First Name
Date Survey Completed

Peer Support Specialist Administering Survey	Type of Survey
Who completed the survey? <input type="checkbox"/> I filled this out by myself. <input type="checkbox"/> Someone helped me fill this out.	<input type="checkbox"/> Initial <input type="checkbox"/> Follow up <input type="checkbox"/> Discharge

Are you currently active in treatment services?

How did you hear about this program?

Section 3: How do you feel about the different areas in your life?

How do you feel about:		Dissatisfied 	Unhappy 		Mixed 		Satisfied 	Pleased 
Your housing?								
Your ability to support your basic needs? (for example: food, housing, etc.)								
Your safety in your home or where you sleep?								
Your safety outside your home?								
How much people in your life support you?								
Your friendship?								
Your family situation?								
Your sense of spirituality, relationship with a higher power, or meaningfulness of life?								
Your life in general?								

Additional Comments:



“We help people live their own best lives”

Electronic Communication Consent Form

Risks of using text messaging:

The transmission of information by text messaging has a number of risks that you should consider prior to the use of text messaging. These include, but are not limited to, the following risks:

- Texts can be circulated, forwarded, stored electronically, on paper, and broadcast to unintended recipients.
- Text senders can easily misaddress a text and send information to an unintended recipient.
- Backup copies of texts may exist even after the sender and/or the recipient has deleted his or her copy.
- Employers and on-line services have a right to inspect texts sent through their company systems (ex. work cell phone).
- Texts can be intercepted, altered, forwarded or used without authorization or detection.
- Texts can be used as evidence in court.
- Texts may not be secure therefore it is possible that the confidentiality of such communications may be breached by a third party.

Conditions for the use of text messaging:

- JAMHI and its providers cannot guarantee, but will use reasonable means to maintain security and confidentiality of text information sent and received.
- JAMHI and its providers cannot guarantee that any particular text will be read or responded to within any particular time. In the event of an emergency, please call 911, or present to the nearest emergency room.

Please acknowledge and consent to the following conditions (please initial):

- _____ Texting is not appropriate for urgent or emergency situations.
- _____ Texting is not appropriate for communicating complex or sensitive information.
- _____ Texts are deleted following each communication (no conversation thread allowed); although some communications may, as applicable, be incorporated into the provider’s service note(s).
- _____ JAMHI staff will not forward texts with identifying information without written consent, except as authorized by law.
- _____ JAMHI and its staff are not liable for breaches in confidentiality caused by the client.
- _____ Misuse of the text message service may result in its suspension.
- _____ It is your responsibility to follow up, reschedule and/or schedule an appointment if warranted.
- _____ It is your responsibility to update your contact information when necessary.

Acknowledgement and Agreement:

I acknowledge that I have read and fully understand the consent form. I understand the risks associated with text messaging and consent to the conditions and instructions outlined, as well as any other instructions that my provider may impose to communicate with me by text.

Signature Printed Name Date

Guardian Signature (if applicable) _____
Date

Phone Number to be used for text messaging: _____