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.

JAMHI Health & Wellness, Inc.
An NCADD Affiliate

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

Jordan Creek Clinic
2075 Jordan Avenue
Juneau, AK 99801
Phone (907) 463-6877
Fax (907) 463-6858

Client Information

Today's Date:

First Name	Last Name		Gender: ☐ Female ☐ Male
Age:	DOB:	Phone:	
Mailing Address:	State:	Zip Code:	Homeless? ☐ Yes ☐ No
Physical Address:	State:	Zip Code:	

Race(s): ***Check all that apply***

- ❒ American Indian
- ❒ Asian
- ❒ Black/African American
- ❒ Caucasian
- ❒ Native Hawaiian
- ❒ Pacific Islander
- ❒ Other
- ❒ Unknown
- ❒ Not collected

Alaska Native:

- ❒ Aleut
- ❒ Athabascan (other than Amer. Indian)
- ❒ Haida
- ❒ Inupiat
- ❒ Tlingit
- ❒ Tsimshian
- ❒ Yupik
- ❒ Other Alaska Native

Ethnicity: ***Check one***

- ❒ Not Spanish/Hispanic/Latino
- ❒ Chicano
- ❒ Cuban
- ❒ Hispanic-not otherwise specified
- ❒ Mexican American
- ❒ Puerto Rican
- ❒ Spanish/Hispanic/Latino
- ❒ Unknown

Not collected

Special Needs: ***Check all that apply***

- ❒ None
- ❒ Autism
- ❒ Developmentally Disabled
- ❒ Fetal Alcohol Spectrum Disorder
- ❒ Major Difficulty in Ambulating or non-ambulation
- ❒ Moderate to Severe Medical Problems
- ❒ Organically Based Problem
- ❒ Severe Hearing Loss or Deaf
- ❒ Traumatic Brain Injury
- ❒ Visual Impairment or Blind
- ❒ Other
- ❒ Unknown
- ❒ No Response

Education completed: ***Check one***

- ❒ No Schooling
- ❒ If K-11, how many years

English Fluency: ***Check one***

- ❒ Excellent
- ❒ Good

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_____

- ❒ General Education Degree (GED)
- ❒ High School Diploma (not GED)
- ❒ Vocational Training beyond High School
- ❒ Special Ed Ungraded Classes
- ❒ Baccalaureate Degree (BA, BS)
- ❒ Graduate work (no degree)
- ❒ Master's degree
- ❒ Doctorate/Professional degree
- ❒ Post Secondary 1 yr
- ❒ Post Secondary 2 yrs
- ❒ Post Secondary 3 yr
- ❒ Post Secondary 4+ yrs (no degree)
- ❒ Other
- ❒ Unknown

Not Collected

- ❒ Moderate
- ❒ Poor
- ❒ Not at all
- ❒ No response

Veteran Status: ***Check one***

- ❒ Never in Military
- ❒ Vietnam Vet; combat
- ❒ Vietnam Vet; no combat
- ❒ Gulf War Vet; combat
- ❒ Iraq War Vet; combat
- ❒ Afghan War Vet; combat
- ❒ Active duty combat
- ❒ Active duty no combat
- ❒ Reserves/Nat. Guard; combat
- ❒ Reserves; no combat
- ❒ Retired from Military; combat
- ❒ Retired Military; non combat
- ❒ Veteran other eras
- ❒ Military Dependent
- ❒ Not Applicable
- ❒ Not Collected

Unknown

Only required if FEMALE:

Pregnant:___ yes ___no ___unknown

If yes, due date: __ __/ __ __/ __ __

Have you used IV drugs in the last 6 months?
☐ Yes ☐ No

Have you ever been an IV Drug User?
☐ Yes ☐ No

Do you struggle with addiction?
☐ Yes ☐ No

Have you ever used opioids recreationally?
☐ Yes ☐ No

Are you currently using opioids?
☐ Yes ☐ No

Are you a tobacco user?
☐ Yes ☐ No

Would you like help with tobacco cessation?
☐ Yes ☐ No

Are you currently working with OCS?
☐ Yes ☐ No

Are you currently incarcerated?
☐ Yes ☐ No

Are you currently on parole or probation?
☐ Yes ☐ No

Do you experience any of the following?
☐ Depression ☐ Anxiety ☐ Panic Attacks
☐ Bipolar Disorder ☐ Post Traumatic Stress Disorder
☐ 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:	☐ Getting Into Treatment ☐ After Care ☐ Peer Support ☐ Housing ☐ Transportation ☐ Clothing ☐ Food ☐ Other Explain:

Services

Peer Services I plan to utilize at JAMHI:	☐ Individual Peer Support ☐ Sober Activities ☐ Recovery Check-Ups ☐ Relapse Prevention ☐ Family Support Meeting ☐ Mutual Support Groups ☐ Case Management ☐ Skill Developement
Treatment Services I plan to utilize at JAMHI:	☐ Outpatient Addiction Treatment ☐ Mental Health Treatment ☐ Medication Assisted Treatment ☐ Primary Care

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? ☐ I filled this out by myself. ☐ Someone helped me fill this out.	☐ Initial ☐ Follow up ☐ 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:

JAMHI
Health & Wellness, Inc.
An NCADD Affiliate

"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: _____