

Personal Helpers & Mentors Program Referral Form

Open Minds Personal Helpers and Mentors Program (PHaMs) is a voluntary strengths-based, recovery approach to assisting people 16 years and over whose ability to live independently in the community is severely limited due to a mental illness. Program participants are supported to take positive steps towards recovery through linkages with clinical and non-clinical services such as employment, housing, education, and rehabilitation.

Potential Participant's Details

Name: _____
 Date of Birth: _____ Gender: _____
 Address: _____
 Phone: _____ Mobile Phone: _____
 Referring Person (can be self referral): _____
 Organisation: _____

Reason for Referral

Please Circle: *If self referring, please answer in relation to yourself

Does the participant understand how the Personal Helpers and Mentors Program can help them, and do they agree to participate in the program? Yes / No

Does the participant need help or supervision to:

Maintain personal care?	Yes / No
Use public transport?	Yes / No
Communicate with others?	Yes / No
Make or keep friends?	Yes / No
Learn new things?	Yes / No
Participate in social activities?	Yes / No
Complete household duties?	Yes / No
Get or maintain paid employment?	Yes / No

Do you consider that the participant needs support and/or supervision in most areas of their life because of a mental illness? Yes / No

Does the participant have a current drug or alcohol use issue (this will not necessarily exclude the participant)? Yes / No

Does the participant consent to this referral and PHaMs staff discussing it with the referring agency? Yes / No

Signature of Referring Person: _____ Date: _____

Signature of Potential Participant: _____ Date: _____

Thank you for your referral, you will be contacted in the near future