

Journeys

Inglis' Mobile Peer Partnership

Inglis offers LTSS-competent certified peer specialist services that are supportive services aimed at promoting recovery specifically for adults with physical disabilities. Individuals requesting services MUST have a mental health diagnosis, a physical disability, and be recommended for services by a Licensed Practitioner of the Healing Arts. *This application is to be completed by the individuals requesting service and can be completed with the help of a support person.*

An LPHA form must be completed within the *last six months* and must accompany this application. This form should be completed by one of the following professional roles: physician, physician's assistant, psychologist, registered nurse practitioner, or licensed clinical social worker. If the application is not complete or if the evaluation is outdated, it may be returned to you. **Completed applications can be mailed to Journeys, 2562 Belmont Avenue, Philadelphia, PA 19131 or emailed to Journeys@inglis.org.**

Section I: Demographic Information

Date of Referral:		Referring Agency:		SSN:	
Applicant's Name:			DOB:	Age:	Gender:
Address (if homeless, last known address):					
Is your home accessible? YES <input type="checkbox"/> NO <input type="checkbox"/>					
Can we leave a voice mail? YES <input type="checkbox"/> NO <input type="checkbox"/>					
Home#:		Work#:		Cell#:	
Email:		Email:		Email:	
Emergency Contact:			Phone#:		Email:
Primary/Preferred Language:			Do you need interpretation or translation services? YES <input type="checkbox"/> NO <input type="checkbox"/>		

Section II: *To be completed by the applicant:*

Reason for Referral: How would you benefit from Certified Peer Specialist services? What are your needs?

Services and Supports (Mark C for current service; P for past service; R for referral made to service; or N for needed):

<u>Behavioral Health/Dual Diagnosis</u>			<u>MEDICAL</u>			<u>D&A</u>		
	Partial Program	ACT		PCP			AA/NA/Dual Recovery	
	Outpatient	CPS		Specialists (List):			Dual Residential Placement	
	Psych Rehab	ICM/RC/BCM		Integrated BH/PH Team			Halfway House	
	Service Coordinator	Enhanced Day Program		Treatments (e.g. dialysis, chemo)			Methadone Treatment	
				List:			Outpatient/Co-occurring	
				<u>FORENSIC</u>			Case Management	
				Current/Pending Charges				
<u>RESIDENTIAL</u>				Sex Offender Program				
	Supported Housing	CRR		Probation/Parole (List Name: _____)				
	Senior Asst Living	PCBH						
	Skilled Nursing Facility	Shelter						

Section III: To be completed by Referral Source if applicable:

Referred by:		Title/Position:	
Agency:		Phone/Email:	

Reason for referral? How would this person benefit from Peer Support? What are their needs?

Section IV: Physical Disability

Please describe the nature of your physical disability and any tools and supports you have in place.

Section V: Insurance and Income:

Type of Insurance:	Provider:	Income Source:	Monthly Amount:
Medical Assistance		Employment	
Medicare		SSI/SSDI	
Private		Cash Assistance	
Pending, specify		Other, specify	

How did you hear about the Journeys Program?	
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Signature of Applicant:	Date:
Signature of Referral Source:	Date:



FOR OFFICE USE ONLY

LCPS Assigned:	Date Assigned:
LCPS Supervisor:	