



32 Washington Street/24 Vernon Street
Keene, NH 03431
603-352-5093/5094

www.monadnockpsa.org

Information and Application for Step-Up Step-Down Keene



We are excited that you are interested in joining our step-up step-down program! Our 30–90-day residential program is for those who are ready to move towards recovery and focus on their mental health goals. It is important to establish our boundaries so that we can ensure that our program is a safe and supportive environment for everyone.

- I understand that step-up step-down is a peer driven mental health program. If accepted, I would be expected to focus on learning how to strengthen my wellness. I am prepared to do the hard work of setting goals, exploring possibilities and reflecting on my life to be able to move forward.
- I understand that I would be responsible for:
 - Taking my medication.
 - Caring for my physical needs without assistance (showering, using the restroom, cooking, cleaning, doing my own laundry, etc.)
 - Managing my own schedule.
 - Maintaining a safe and supportive environment for all at SUSD.
- I understand that the common areas are communal and that I would be responsible for helping to clean, by picking up after myself.
- I understand that there is no smoking or vaping inside the facility.
- I understand that I could be immediately suspended or removed from the SUSD program for:
 - Property damage of any kind
 - Sexual harassment/bullying
 - Possession of illegal substances; possession of alcohol
 - Possession of a weapon (ANY item intended to cause harm), including firearms
 - Physical violence; threatening behavior (verbal and/or physical)
 - Discrimination, violence, and harassment based on culture, ethnicity, race, sex, gender identity and expression, nation of origin, age, languages spoken, veteran’s status, color, religion, disability, and sexual orientation.

Peer Signature: _____ Date: _____

Referring Partner: _____ Date: _____

I HAVE A RIGHT TO:

Be treated with respect.
Accept my feelings.
Stand up for my rights.
Express my needs and wants.
Love myself unconditionally.
View my needs as Important.
Accept myself for who I am.
Set boundaries and limits with others.
Accept myself without judgment.
Make mistakes.
Ask for help and support.
Have privacy and my own personal space.
Set my priorities.
Say "no" without feeling selfish.
Follow my dreams, interests, and passions.
Feel weak.
Be forgiving of myself.
Seek others that support my growth.

I HAVE A RESPONSIBILITY TO:

Treat others respectfully.
Accept the feelings of others.
Respect the rights of others.
Accept the wants and needs of others.
Love others unconditionally.
Accept the needs of others.
Accept others for who they are.
Respect the boundaries of others.
Be non-judgmental with others.
Not critique the failings and mistakes of others.
Offer help and support.
Respect others privacy and personal space.
Respect the priorities of others.
Accept "no" from others.
Support others dreams and passions.
Accept others weaknesses.
Forgive others.
Support the growth of other

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 shay@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 603.864.8482 Fax cherylt@heartpsa.com	Connections Peer Support Center 161 1 st 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:	Date:	
Practice/Hospital Name:	Office #:	Fax #:
Contact Person:	Contact Phone #:	
Contact Email Address:		
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.