

# Participant Referral Process

Please keep in mind the following details when completing the referral form and following up with the referred Participant. This is a fully digital/online pilot program that requires the Participant to fully engage in emailing, video calls, digital signatures, etc.

1. The role of Curry Senior Center is **to connect eligible referrals** to credentialed (Licensed or Pre-licensed Associates: LCSW, LMFT, LPCC, ACSW, AMFT, APCC) mental health professionals, a device and technology support when needed.
2. Confirm the eligibility requirements:
  - Community:** Member of the LGBTQ+ community.
  - Age:** 60+ older adult or 18+ adults with disabilities.
  - Residency:** San Francisco Resident.
  - Mental Health Symptoms:** Anxiety, depression, grief & loss, isolation, etc. (non-severe mental illness, low acuity, mild to moderate symptoms)
  - Current Support:** NOT engaged in ongoing psychotherapy/NOT currently connected to a Mental Health Provider.
3. This referral is for **brief, weekly individual and/or group counseling** (also referred to as psychotherapy or therapy) in 12-week increments with a maximum of 24 weeks of services. E.g. 12 weeks of individual and 12 weeks of group based on Provider availability.
4. **Confirm interest in counseling:** The referred Participant has expressed an interest in individual and/or group counseling and is aware that you are submitting the referral.
5. **Confirm next step with Participant:** The referred Participant is aware that a representative from Curry Senior Center will reach out to them for the next step which is a screening phone call. In addition, if technology support is needed, the Technology Navigator will contact the Participant directly.
6. General outline of the LGBTQ+ Digital Mental Health **program process:**
  - a. Referral form submitted.
  - b. Screening call conducted (includes review of consent, privacy policy, mental health history, etc.)
  - c. Tech training is completed if needed (device secured if needed) .
  - d. Online Initial Self-Assessment (it will be a Google form in a similar format to this Google form) completed by Participant (sent directly to them after the screening call).
  - e. Provider reaches out directly to Participant to connect for services.
  - f. When weekly sessions conclude, the Participant completes an online Exit Self-Assessment.
7. Questions included in the survey(s), form(s) and assessment(s) are **requirements for program funding** and management.

**Thank you for supporting our older adult community in getting connected to technology and mental health care!**

**We do not offer acute crisis counseling.** If the Participant is experiencing a psychiatric emergency please call 911 immediately. Refer to the City of San Francisco's [mental health resources](#) for additional, non-emergency support or the San Francisco Department of Public Health [community behavioral health services resource page](#).

*\* Indicates required question*

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1. Full Name of Referrer \*

\_\_\_\_\_

2. Referrer's Organization (E.g. Openhouse, Curry Senior Center, Shanti Project, etc.) \*

\_\_\_\_\_

3. Referrer's Title (and Program if applicable) \*

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4. Referrer's Email \*

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5. Referrer's Phone Number (include extension if applicable) \*

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### Participant Information

This program is funded by the SF Department of Disability and Aging Services (DAS) and requires the below data. A few more detailed questions will be asked in the online Initial Self-Assessment that the Participant will receive via email after the Screening Call.

6. Participant meets ALL the following eligibility criteria: \*

1. **Community:** Member of the LGBTQ+ community.
2. **Age:** 60+ older adult or 18+ adults with disabilities.
3. **Residency:** San Francisco resident.
4. **Mental Health Symptoms** (mild to moderate): Anxiety, depression, grief & loss, isolation, etc. (non-severe mental illness).
5. **Current Support:** NOT currently engaged in ongoing psychotherapy/NOT currently under the care of a Mental Health Provider.

*Mark only one oval.*

Yes, the Participant meets all the eligibility criteria.

If not, the LGBTQ+ Digital Mental Health Program is not a fit for the Participant at this time.

7. Is the Participant living with a disability/functional limitation? \*

This question supports program eligibility for adults 18+ in the LGBTQ+ community living with a disability.

*Mark only one oval.*

Yes

No

8. Participant First Name \*

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9. Participant Last Name \*

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10. Participant Pronouns \*

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11. Participant Email Address \*

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12. Participant Primary Language \*

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13. Participant Date of Birth (DOB) \*

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*Example: January 7, 2019*

14. Participant Current Age \*

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15. Participant Phone number \*

**A member of program staff will call the Participant to complete the next step in the process: a screening phone call. This call includes more in-depth questions about therapy goals, mental health history, any current mental health diagnoses, review of consent, review of privacy policy, review of release of information (ROI), etc.**

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16. Which of the following counseling services are you interested in receiving initially? \*

**This is a Telehealth program, all sessions are virtual/online. The maximum amount of sessions is 24, offered in two, 12 week increments. At the start of the pilot program, it is highly likley that we will begin with Individual sessions with the group option becoming available soon after.**

*Mark only one oval.*

12 Individual sessions (you and a therapist, video session, weekly, 50-minutes)

12 Group sessions (you and up to 8 other Participants with a therapist, video session, weekly, 75-90 minutes)

Both individual and group

17. Street Address (of residency) \*

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18. Street Address 2: Apartment #, Unit, etc.

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19. City and State (of residency) \*

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20. Zip Code \*

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21. Receives Supplemental Security Income (SSI)? \*

*Mark only one oval.*

Yes

No

22. Receives Medi-Cal/Medicare benefits? \*

*Mark only one oval.*

Yes

No

Other: \_\_\_\_\_

23. Medicare Status \*

*Mark only one oval.*

Part A: Hospital Insurance

Part B: Medical Insurance

Part C: Medicare Advantage

Part D: Prescription Drug Coverage

Not Applicable

24. Mental health includes our emotional, psychological and social well-being. It affects how we think, feel and act. It also helps determine how we handle stress, relate to others and make healthy choices. Mental health is important at every stage of life. Overall, how would you rate the current state of your mental health? \*

*Mark only one oval.*

- Excellent
- Somewhat good
- Average
- Somewhat poor
- Poor
- Not sure

### **Participant Technology Needs**

Our program connects eligible Participants to Mental Health Providers as well as a tablet if needed and Technology Training & Support to aid in removing barriers to mental health care. Prior to beginning sessions with a Mental Health Provider, it's important that Participants are prepared and have comfort with basic skills in internet usage, device navigation, providing digital signatures, online forms, email and video calls to engage in Telehealth services. Based on responses to the following questions, the Technology Navigator will contact the Participant directly after the Screening Call.

25. Do you currently have wireless internet connection (Wi-Fi) in your home? \*

*Mark only one oval.*

- Yes
- No
- Not sure

26. How confident are you in the area of technology? 1 being not very confident and 4 being very confident. \*

*Mark only one oval.*

- 1: Not Very Confident
- 2: Somewhat Confident
- 3: Confident
- 4: Very Confident

27. What is your level of experience engaging in Telehealth (video calls on platforms like Zoom, Google Meet or Microsoft Teams). Providers typically use Zoom. \*

Mark only one oval.

- Very experienced
- Some experience
- No experience

28. Do you currently have any of the following devices? Check all that apply. \*

Check all that apply.

- Tablet
- Laptop Computer
- Desktop Computer
- Smartphone
- I do not currently have any of the above devices.

29. How confident do you feel about using each of these devices (if applicable)? 1 being not very confident and 4 being very confident. \*

Mark only one oval per row.

	0: Not Applicable	1: Not Very Confident	2: Somewhat Confident	3: Confident	4: Very Confident
<b>Tablet</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Laptop Computer</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Desktop Computer</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Smart Phone</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

30. Do you need support on any of the following topics? Check all that apply. \*

*Check all that apply.*

- Home Internet Access (Wi-Fi)
- Understanding/Using/Searching the Internet
- Setting up and/or Using Email (e.g. Google Gmail)
- Video Calls (Telehealth, Zoom, Google Meet, etc.)
- Health Portals, Health Apps, Health Websites (e.g. MyChart, Kaiser, Medline Plus)
- Communication Apps (e.g. Text Messaging, Contacts)
- Government Apps and Government Websites (e.g. Social Security, CalFresh, IRS)

31. The following are the available locations to receive technology education with our Technology Navigator. We offer in-person, individual 1:1 sessions at each location during drop-in hours (hours will be provided once eligibility is confirmed), following Public Health safety guidelines. Select your best options. \*

*Check all that apply.*

- Curry Senior Center, 315 Turk Street
- Shanti Project, 3170 23rd Street
- Openhouse, 75 Laguna Street

32. Have you already completed technology training with a Curry Senior Center Technology Navigator? \*

*Mark only one oval.*

- Yes
- No

**THANK YOU!**

**If you have any questions, please email them to [lgbtqprogram@curryseniorcenter.org](mailto:lgbtqprogram@curryseniorcenter.org).**

Community. Connection. Support.



## WE'RE GRATEFUL FOR YOU!

We'll follow up with you via email after we complete the Screening Call to confirm that the Participant is engaged and moving through the program process.

**Got Questions?**  
Send an email to  
[lgbtqprogram@curryseniorcenter.org](mailto:lgbtqprogram@curryseniorcenter.org).

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