**PEARLS Criteria**

**[ ]** Over the last two weeks the client has been bothered by one of the following:

* Feeling down, sad, or hopeless **more than half the days**
* Having little interest or pleasure in doing things **more than half the days**
 **OR**

**[ ]** In the past two years, the client felt sad or depressed **most days** even if feeling okay

 sometimes (dysthymia).

[ ]  **Is not** **functionally impaired** by a psychotic disorder, bipolar mood disorder,

 personality disorder, cognitive impairment, or current substance or alcohol abuse.

**[ ]** Lives within King County

**[ ]** Is age 55 or older and English speaking

**[ ]** Lives in the community (not Assisted Living, Adult Family Home, or Skilled Nursing Facility)

**[ ]** Income at or below forty percent (40%) of the state median income

**If above criteria are met, then give a brief overview of PEARLS to your client with the following highlights:**

* The program is provided at no cost to the client.
* The program is offered by Aging and Disability Services to teach clients problem solving skills that have been proven effective by University of Washington researchers.
* The PEARLS Counselor will ask some screening questions that may include information about medications, diagnosis, cognitive abilities, and alcohol or substance abuse.
* There are eight meetings**\*** with the PEARLS Counselor over five months, followed by three monthly calls.

**\* PEARLS is currently offered through telephone visits due to COVID-19; however, arrangements can be made to do home visits with pre-screening for COVID-19.**

**Please provide a brief Description of the Causes of the Client’s Depression:**

enter description here

Today’s Date: MM/DD/YYYY

Client Name: enter name here DOB: MM/DD/YYYY

Client Phone: xxx-xxx-xxxx

Client Street Address: enter address here (with zip code)

Referent Name: enter name here Referent Phone: xxx-xxx-xxxx

Referent Agency: enter agency here Referent Email: enter e-mail address here

Care Assessment: [ ]  Yes [ ]  No Program: [ ]  CM [ ]  CFC [ ]  Respite [ ]  SHA/AS Other/Comments: enter additional information here

**PEARLS Program Contact Information**Karen Heeney, Supervisor (206) 684-0667

Counselor: Suzet Tave (206) 615-0533