PEARLS
Program to Encourage Active, Rewarding Lives

Referral for COPES PEARLS Counseling

Send referrals to Marian Jama via encrypted email to **marianj@nhwa.org** or via fax to 206-623-6776.

PEARLS Criteria

☐ Over the last two weeks has the client 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, your 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.

☐ 55 or older, low income and English, Vietnamese, Spanish, and Khmer speaking. Neighborhood House can serve other languages, so please ask when you send the referral.

If the client meets the above criteria, provide a brief overview of PEARLS to your client with the following highlights:

- There is no cost to the program, and the PEARLS Counselor will come to their home.
- The program is offered by trained PEARLS Counselors 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.
- Clients are expected to act respectfully and appropriately when interacting with the PEARLS Counselor. Failure to do so will affect their eligibility for the program.

Brief Description of the Causes of the Client's Depression:

_____

Date Referral Sent to NH:	P1 Authorization Dates:	P1 Authorization #
Client Name:		DOB:
Preferred Pronouns:	Client's Gender Identity:	
Client P1 #:	Marital Status:	Lives with
Race:	Ethnicity:	Frail/Disabled:
Address:		
Phone:		
Case Manager Name:	Phone:	Email:

Please send a copy of the Client's Service Summary with the referral.

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