



Compeer Activity Reimbursement Form

Purpose:

The Compeer Activity Fund (CAF) was established in response to requests from some mental health consumers who said they needed assistance with expenses incurred on outings with their volunteer companion. Several Consumer Satisfaction Survey Forms indicated that it had been a true hardship for fixed-income persons to pay their own way and/or they felt some embarrassment when a volunteer treated them. The CAF exists to prevent the dependency created when a person cannot afford a “Dutch Treat”, the usual practice for Compeer friends.

How to use the CAF:

To help solve the problem of dependency in Compeer friendships, and give support with dignity, the CAF offers mental health consumers reimbursement of up to \$8.00 for each weekly activity. Compeer matches should evaluate their own situation to see if theirs is truly a genuine hardship requiring CAF help.

1. On an outing involving expenses, the volunteer saves the receipt showing a consumer’s share, up to \$8.00. On the last day of the month, the volunteer submits their Monthly Report Form, attaching these receipts and completing the information below.
2. The Compeer Office receives the CAF request for reimbursement and prepares a check requisition form, and sends it with the receipts to Voice and Vision Inc.
3. Voice and Vision Inc. issues a check payable to the eligible consumer, mailing it directly to the address below.
4. Please send all CAF reimbursement forms along with any receipts you have to:

Compeer of Suburban Philadelphia 411 Dartmouth Ave. Swarthmore, PA 19081

Please Print Clearly:

Name _____

Address _____

Town _____

Zip Code _____

Amount Requested from CAF

\$ _____

(REMEMBER: UP TO \$8.00 per week!)