



PEER SUPPORT SERVICES
REFERRAL FORM

Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Address: \_\_\_\_\_

Current Living Situation: [ ] Independent [ ] Residential [ ] Homeless [ ] Other: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Gender: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Known Medical Conditions and Allergies \_\_\_\_\_

History of suicidal behavior or violence toward others/Current Risks: \_\_\_\_\_

Interests/Hobbies, etc.: \_\_\_\_\_

Which type(s) of skill development is needed? (Please check all that apply)

- [ ] Daily living skills (ex. budgeting, cooking, household organization)
[ ] Community skills to increase awareness and use of community resources
[ ] Assistance in developing natural support systems (connecting with friends, neighbors, and family)
[ ] Other, please specify \_\_\_\_\_

Objectives: \_\_\_\_\_

Available days/times: \_\_\_\_\_

Prefers (check one): [ ] Male [ ] Female [ ] Doesn't matter

List other current services (i.e. visiting nurse, job coach): \_\_\_\_\_

Total hours per week of current services: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone#: \_\_\_\_\_

Peer Support Service Exclusions:

- Peer Support Worker who encounters threats, violence, or substance abuse that interferes with provision of support is authorized to leave immediately.
• In the case of threat of harm or actual harm, the support worker will call for police intervention.

Client Signature (optional) \_\_\_\_\_ Date \_\_\_\_\_ Referral Source Signature \_\_\_\_\_ Date \_\_\_\_\_

Referral Source Name, Agency and Phone Number: \_\_\_\_\_