



PEER SUPPORT SERVICES
REFERRAL FORM

Name: _____ D.O.B.: _____ Social Security #: _____

Address: _____ Phone: _____ Gender: _____ Marital Status: _____

Current Living Situation: _____

Special Disabilities: (including medical conditions and allergies) _____

Strengths: _____

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

Special 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 _____

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: _____

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