



Return form to:
Shalom House, Inc.
106 Gilman Street
Portland, ME 04102
Attn: Peer Support Program

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 Name and phone Date