

# Peer Specialist Referral Request Form



TREE OF HOPE  
Strengthening the roots of recovery

Referral Date \_\_\_\_\_  
Case Manager \_\_\_\_\_  
Program/Agency Name \_\_\_\_\_  
Case Manager Phone \_\_\_\_\_  
Case Manager Email \_\_\_\_\_

Client's name \_\_\_\_\_ DOB \_\_\_\_\_ Contact Number: \_\_\_\_\_

Name Preference (How would they like to be address) \_\_\_\_\_ Race: \_\_\_\_\_

Language spoken, if not English \_\_\_\_\_ Gender: \_\_\_\_\_

Briefly describe the reasons for requesting a peer support specialist and please note what specific tasks you want the peer support specialist to assist your client with.

Please provide a summary of the behavioral health conditions and challenges your client has been experiencing. Please provide any additional pertinent information you feel would be helpful in matching up your client with a peer support specialist. We want the relationship to be supportive and meaningful.

Please list the number of hours per week that would be helpful to your client. Please note this can change as the situation changes.

Please forward to: [peer-support@treeofhopeassn.com](mailto:peer-support@treeofhopeassn.com). Once the assignment is approved Tree of Hope staff will have the peer support specialist contact you the client's case manager directly.