

Peer Specialist Referral Request Form

Referral Date _____
Case Manager _____
Program/Agency Name _____
Case Manager Phone _____
Case Manager Email _____

Client name _____ DOB _____ Client gender identity _____

Name Preference (How would they like to be address) _____.

Where or how can client be reached? _____

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



Your client needs Peer to focus on: *assistance lack of employment dicitions, mental health, family issues, lack of income, money management, medication compliance, acceptance of housing plans, acceptance of disabilities, medical issues, obtaining employment, criminal background, or getting along with others.*

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