

1681 Crown Avenue, Suite 12 Lancaster, Pennsylvania 17601 Phone: 717-517-8552/Fax: 717-517-8557

## Recommendation for Peer Support Services by a Practitioner of the Healing Arts

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Must have a moderate to severe functional impairment that interferes with or limits performance (relative to the person's ethnic or cultural	
environment) in at least 1 of the following domains: ☐ Educational ☐ Social ☐ Vocational ☐ Self-Maintenance	

Axis IV:

Axis V:

The below category MUST be met:

the recommendation for Peer Support Services.

Name (Printed)

NOTE: Any adult who met the standards for involuntary treatment within 12 months preceding this assessment automatically meets the criteria for referral for Peer Support Services. If this criterion is met, please check here  $\Box$ . If this box is checked, STOP here as individual meets priority group standard and qualifies for Peer Support Services.

Must meet ONE of the following A, B or C. Please check the criteria within the column that meets the standard:				
A. Treatment History:	B.	Coexisting Condition or Circumstance:		
☐ Current residence in or discharge from a state mental hospital		☐ Psychoactive Substance Use Disorder		
within the past 2 years		☐ Intellectual Disability		
☐ Two admissions to community or correctional inpatient psychiatric		□ HIV/AIDS		
units or crisis residential services totaling 20 or more days within the		☐ Sensory, Developmental and/or Physical Disability		
past 2 years		☐ Homelessness (sleeping in shelters or places not		
☐ Five or more face-to-face contacts with walk-in or mobile crisis or		meant for human habitation, such as cars, parks,		
emergency services within the past 2 years		sidewalks, or abandoned buildings)		
☐ One or more years of continuous attendance in a community mental		☐ Release from Criminal Detention (applicable		
health or prison psychiatric service (at least 1 unit of service per		categories of release from criminal detention are		
<i>quarter)</i> within the past 2 years		jail diversion; expiration of sentence or parole;		
☐ History of sporadic course of treatment as evidenced by at least 3		probation or Accelerated Rehabilitation Decision		
missed appointments within the past 6 months, inability or		(ARD)		
unwillingness to maintain medication regimen or involuntary				
commitment to outpatient services	C.	Functioning Level		
☐ One or more years of treatment for mental illness provided by a		☐ Global Assessment of Functional Scale rating of 50 or		
Primary Care Physician or other non-mental health clinician (e.g. Area		below		
Agency on Aging) within the past 2 years				
As the Consumer/Client/Member is interested in a referral to Pee	r Support S	Services and the above criteria are met, I am making		

Signature Agency Address

Date

Professional Title