



1525 Oregon Pike, Suite 801  
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**Recommendation for Peer Support Services by a Practitioner of the Healing Arts**  
**(MUST be completed by: Physician, Licensed Psychologist, Certified Registered Nurse Practitioner, or Physician Assistant) NOTE: This form is valid for 180 days from the date it is signed.**

Consumer/Client/Member's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ BSU#/MAID# \_\_\_\_\_

**Admission Guidelines**

**Referred individual MUST meet criteria for serious mental illness, which is defined as:**

*A condition experienced by persons 18 years of age and older who, at any time during the past year, had a diagnosable mental, behavioral, or emotional disorder that met the diagnostic criteria within the current DSM and that has resulted in functional impairment and which substantially interferes with or limits one or more major life activities. Adults who would have met functional impairment criteria during the referenced year without the benefit of treatment or other support services are considered to have serious mental illness. For youth age 14 up to age 18, there must be the presence of or a history of a serious emotional disturbance or serious mental illness. Substance use disorders and developmental disorders are not included.*

**DSM diagnosis(es)/ICD-10 code(s):**

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**To qualify for Peer Support Services, the Consumer/Client/Member MUST meet the following:**

**Reason for referral (MUST be completed):**

- ☐ Educational ☐ Vocational ☐ Social ☐ Self-Maintenance
- ☐ Age > 18 years with presence of or a history of serious mental illness (SMI)
- ☐ Age 14-17 years with presence of or a history of SMI or Serious Emotional Disturbance (SED)
- ☐ Consumer/Client/Member chooses to receive Peer Support Services
- ☐ Functional impairment that interferes with or limits: (Check all that apply when impaired)
- ☐ A person from achieving or maintaining one or more developmentally appropriate social, behavioral, cognitive, communicative, or adaptive skills;
  - ☐ Role functioning in one or more major life activities including basic daily living skills (e.g., eating, bathing, dressing);
  - ☐ Instrumental daily living skills (e.g. maintaining a household, managing money, getting around in the community, taking prescribed medications); and
  - ☐ Functioning in social, family, and vocational/educational contexts

As the individual is interested in Peer Support Services and the above criteria are met, I am making the recommendation for Peer Support Services.  
**(MUST be completed by: Physician, Licensed Psychologist, Certified Registered Nurse Practitioner, or Physician Assistant)**

\_\_\_\_\_  
Name (Printed) Professional Title Agency

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Provider MAID# Provider NPI# Address