RecoveryInSight Inc
Seeing the person and not the illness.
*1525 Oregon Pike, Suite 801*
*Lancaster, PA 17601*
*Phone: 717-517-8552*
*Fax: 717-517-8557*

# PEER SUPPORT SERVICES REFERRAL FORM

**IDENTIFYING INFORMATION** *(ALL fields must be completed at the time of referral. Please print clearly.)*

Name: _____ Alternative Name (if applicable): _____

Date of Birth: _____ Social Security Number: _____ Date Referred: _____

PerformCare Eligible ☐ Yes ☐ No *(If yes, list 10-digit MAID#):* _____ ***OR*** County BSU#: _____

Address: _____

Living Situation: ☐ Alone ☐ With Family ☐ With Parent/Guardian ☐ With Others ☐ Supportive Housing ☐ Unhoused/Experiencing Homelessness

Phone Number: Home ( ) _____ Cell ( ) _____ Other ( ) _____

OK to leave a message? ☐ Yes ☐ No

**REL/SOGI INFORMATION** *(Complete each section and indicate if individual preferred not to answer)*

Race: _____ Ethnicity: _____

Sexual Orientation: _____ Gender Identity: _____

Assigned Sex at Birth: _____ Pronouns: _____

Primary Language: Written: _____ Spoken: _____

Can the individual speak and understand English? ☐Yes ☐No

Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Widowed ☐ Partnered

**PSYCHIATRIC INFORMATION**

**MUST meet criteria for serious mental illness (SMI), 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 aged 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 without the presence of SMI are not included.***

In what ways could this individual benefit from Peer Support Services?

**PROVIDERS**

**Case Manager:** Name_____ Phone Number: _____

Agency_____

**Psychiatrist:** Name _____ Phone Number: _____

Agency_____

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# PEER SUPPORT SERVICES REFERRAL FORM

**Therapist:** Name_____ Phone Number: _____

Agency_____

## MEDICAL INFORMATION

Significant Physical Health Concerns:

Primary Care Physician (PCP): Name_____ Phone Number: _____

Medical Group _____ Date of Last Medical Exam: _____

Address: _____

Does the individual have a substance use history? ☐ No ☐ Yes *(If yes, please describe:)*

## CURRENT SERVICES AND/OR SUPPORTS *(Indicate ALL services the individual regularly utilizes)*

☐ Day Program: _____
☐ Probation/Parole: _____
☐ Vocational Program: _____
☐ Psychosocial Rehab *(i.e. Clubhouse, Drop-in Center)*: _____
☐ Other:
☐ Alcohol/Drug Treatment Services: _____
☐ Alcoholics/Narcotics Anonymous
☐ Educational Program: _____
☐ No activity

**The following document is needed to complete the referral process:**
**Peer Support Recommendation Form-Signed by a Practitioner of the Healing Arts:** *Physician (MD or DO), Licensed Psychologist (PhD or PsyD), Certified Registered Nurse Practitioner (CRNP), Physician's Assistant (PA or PA-C), Licensed Clinical Social Worker (LCSW), Licensed Professional Counselor (LPC), or Licensed Marriage and Family Therapist (LMFT)*

## REFERRAL SOURCE INFORMATION

Name of Person Completing Referral Form: _____ Phone Number: _____

Agency: _____ Relationship to Individual being Referred: _____

Signature of Referred Individual: _____

Signature of Parent/Guardian (*if referred individual is under age 18*): _____

Individual Prefers (Check ONE): ☐ Male Certified Peer Specialist ☐ Female Certified Peer Specialist ☐ Doesn't Matter

Completion of this form acknowledges that individual is aware of all Peer Support providers Lancaster and Lebanon Counties: Recovery InSight, Inc: (717) 517-8552; WellSpan Philhaven: (717) 221-9610; Peerstar, LLC: (888) 733-7781