



PEER SUPPORT REFERRAL FORM

Referral Guidelines

1. To refer an individual, please complete this form and return it to Janie Marsh, Director of Peer Directed Services via email (jmarsh@mhaoforegon.org) or fax (503-922-2360).
2. Services provided are at no cost and no insurance is required.
3. For questions, contact Janie Marsh at 503-922-2377.

Referee Information

Name:	_____	Date:	_____
E-Mail Address:	_____	Birthdate:	_____
Preferred Method of Contact:	_____	Phone No:	_____
Address:	_____	City:	_____

Referee Preferences

NOTE: Prefers male/female Peer Support Specialist; there is no need to include MH diagnosis if one exists.

No Preference
 Female PSS
 Male PSS

Why is this individual in need of support?

Referrer Information

Name: _____

E-Mail Address: _____

Phone No: _____

For Internal Use Only

Date Form Received: _____

PSS Assigned: _____

EVOLVE Program Assigned: _____