

# PEER SUPPORT REFERRAL FORM-

## Referral Guidelines

1. To refer an individual, please complete this form and return it to Sean Syrek, Supervisor of Peer Directed Services via email (ssyrek@mhaoforegon.org) or fax (503-922-2360).
2. Services provided are at no cost and no insurance is required.
3. For questions, contact Sean Syrek at 971-337-4834

## 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

## Referrer Information

Name/Program: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_  
Phone No: \_\_\_\_\_

## For Internal Use Only

Date Form Received: \_\_\_\_\_  
PSS Assigned: \_\_\_\_\_  
EVOLVE Program Assigned: \_\_\_\_\_