

Peer Support and Addiction Recovery Referral Form

Referral Guidelines

To refer an individual for Peer Support Services please complete this form and e mail to
Bill Humphrey Certified Peer Specialist bill@essentialskills.org
Contact Bill at (608) 606-9004 with questions

Person Being Referred

Full Name: _____ Date: ___/___/___

DOB: ___/___/___ Phone #: (_____) _____ - _____

Address: _____

Please identify issues of concern: ___ Homelessness ___ Unstable Housing ___ Financial

Instability ___ Food Resources ___ Incarcerated Parent(s) ___ School Concerns ___ Mental

Health ___ Health/Medical ___ Legal System Involvement (___ Juvenile or ___ Adult) ___

Substance Use/Abuse: ___ Substance of choice _____

Other issues of concern (please describe: _____

Person Making Referral

Name: _____

E-Mail Address: _____

Phone: _____

Peer support complements, but does not duplicate or replace the roles of therapists, case managers, and other members of a treatment team