

# Peer Recovery Coach Referral Form



**\*THIS FORM MUST BE FILLED OUT COMPLETELY**

Date: \_\_\_\_\_

Client Name: \_\_\_\_\_

Client Phone #: \_\_\_\_\_ (cell) other \_\_\_\_\_

DOB: \_\_\_\_\_ Gender: \_\_\_\_\_

Address In Which Client Resides: \_\_\_\_\_

Email Address: \_\_\_\_\_

Do you currently have a Recovery Coach? \_\_\_\_\_

Clean Date: \_\_\_\_\_ Drug of Choice: \_\_\_\_\_

Emergency Contact Name and Telephone No:

1. \_\_\_\_\_ Phone Number \_\_\_\_\_

2. \_\_\_\_\_ Phone Number \_\_\_\_\_

Are you currently in Treatment: Yes or No Discharge Date: \_\_\_\_\_

Are you in a Recovery House? YES, or NO?

If yes, which one? \_\_\_\_\_

If no, would you like information for recovery housing? YES or NO

Do you have Insurance? YES, or NO?

If yes, what kind? \_\_\_\_\_

**Please Check Any Areas Where you may need Assistance (Check all that apply):**

- |   |  |
|---|--|
| <input type="checkbox"/> Medical                          | <input type="checkbox"/> Transportation                  |
| <input type="checkbox"/> Employment/Financial             | <input type="checkbox"/> Activities of Daily Living      |
| <input type="checkbox"/> Educational                      | <input type="checkbox"/> Relationship and Social Support |
| <input type="checkbox"/> Emotional Wellness/Mental Health | <input type="checkbox"/> Leisure and Recreation          |
| <input type="checkbox"/> Other _____                      |  |

Comments: \_\_\_\_\_

**\*\* Please fax this form, a release of information, and a copy of the client's current treatment plan to LIVE RITE STRUCTURED RECOVERY CORP 586-314-5833\*\***

Approved \_\_\_\_\_ Denied \_\_\_\_\_

Date \_\_\_\_\_ Signature by: \_\_\_\_\_

Grant: AOT \_\_\_\_\_ RHIP \_\_\_\_\_ RSSC SUP \_\_\_\_\_ TEEN \_\_\_\_\_  
PRC ASSIGNED \_\_\_\_\_