

Peer Recovery Coach Referral Form

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

Date: _____

Client Name: _____

Client Phone #: _____ (cell) other _____

DOB: _____ Gender: _____

Address In Which the 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 on 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: QRT _____ RHIP _____ RSSC-25 _____ TEEN _____ YPAD _____ LUMIN _____

PRC ASSIGNED _____

