

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):

☐ Medical ☐ Transportation
☐ Employment/Financial ☐ Activities of Daily Living
☐ Educational ☐ Relationship and Social Support
☐ Emotional Wellness/Mental Health ☐ Leisure and Recreation
☐ 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 _____