

Referral Form

Resilience & Recovery Project

Date of Referral: _____

Full Name of Person Referred: _____ Date of Birth: _____

Phone Number: _____ Email: _____

Gender Identity: _____ SID #: (if applicable) _____

Current Address: _____

Are they on supervision? Yes No **If no, do they have a history of justice system involvement?** Yes No

Are they currently engaged in treatment services of any kind? Yes No Notes: _____

Are they a parent? Yes No **If yes, would they benefit from parenting specific support?** Yes No

My agency has a valid release of information that allows me to share their information with The Pathfinder Network.
Please attach a copy of this signed release with this completed referral form.

Referred by: BHRN Partner Self Parole/Probation DHS Not listed: _____

Name of Referrer: _____ Agency: _____

Phone Number: _____ Email Address: _____

<p><i>Please check the services/supports for referral or of interest:</i></p> <p><input type="checkbox"/> Wraparound Peer Support – longer term engagement with an assigned peer including assessment, goal setting and action planning supported by basic needs assistance and incentives.</p> <p><input type="checkbox"/> Drop-in Peer Support – in the moment peer support to meet immediate needs, increase access to recovery services and remove barriers to engagement.</p> <p><input type="checkbox"/> Recovery Focused Cognitive Behavioral Groups</p> <p style="margin-left: 20px;"><input type="checkbox"/> Women in Recovery</p> <p style="margin-left: 20px;"><input type="checkbox"/> Helping Women Recover</p> <p style="margin-left: 20px;"><input type="checkbox"/> Helping Men Recover</p> <p><input type="checkbox"/> Other Supportive Cognitive Behavioral Groups</p> <p style="margin-left: 20px;"><input type="checkbox"/> Free Your Mind – Cognitive Skills Group</p> <p style="margin-left: 20px;"><input type="checkbox"/> Healing Trauma – Trauma Coping Skills Group for Women</p> <p style="margin-left: 20px;"><input type="checkbox"/> Building Resilience – Trauma Coping Skills Group for Men</p> <p style="margin-left: 20px;"><input type="checkbox"/> Parenting Inside Out – Parenting Skills groups for Justice-involved parents</p> <p><input type="checkbox"/> Peer Support Events and Activities</p> <p>Notes:</p>	<p><i>Needs assessment:</i> <i>Peer Support Specialists can provide assistance with resources and referrals to support the participant's holistic needs.</i></p> <p><i>Identify areas of potential need below:</i></p> <p><input type="checkbox"/> Basic needs (clothing, food, etc.)</p> <p><input type="checkbox"/> Employment/Education</p> <p><input type="checkbox"/> Transportation</p> <p><input type="checkbox"/> Medical/Dental care</p> <p><input type="checkbox"/> Mental health care</p> <p><input type="checkbox"/> Addiction recovery supports</p> <p><input type="checkbox"/> Housing</p> <p><input type="checkbox"/> Family reunification support</p> <p><input type="checkbox"/> Childcare</p> <p><input type="checkbox"/> Telephone</p> <p><input type="checkbox"/> Technology support</p> <p><input type="checkbox"/> Legal Support</p> <p><input type="checkbox"/> Support w/supervision & other legal requirements</p> <p><input type="checkbox"/> Not listed: _____</p> <p>Notes:</p>
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Please complete referral form and email to JCpeers@thepathfindernetwork.org or call the office at 541-231-0765