

# 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: \_\_\_\_\_

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| <p><b><i>Please check the services/supports for referral or of interest:</i></b></p> <p><input type="checkbox"/> <b>Wraparound Peer Support</b> – 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"/> <b>Drop-in Peer Support</b> – in the moment peer support to meet immediate needs, increase access to recovery services and remove barriers to engagement.</p> <p><input type="checkbox"/> <b>Recovery Focused Cognitive Behavioral Groups</b></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"/> <b>Other Supportive Cognitive Behavioral Groups</b></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"/> <b>Peer Support Events and Activities</b></p> <p><b>Notes:</b></p> | <p><b><i>Needs assessment:</i></b><br/> <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 &amp; other legal requirements</p> <p><input type="checkbox"/> Not listed: _____</p> <p><b>Notes:</b></p> |
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**Please complete referral form and email to [MLTpeers@thepathfindernetwork.org](mailto:MLTpeers@thepathfindernetwork.org) or call the office at 503-616-8462**