

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: _____

Please check the services/supports for referral or of interest:

- ☐ **Wraparound Peer Support** – longer term engagement with an assigned peer including assessment, goal setting and action planning supported by basic needs assistance and incentives.
- ☐ **Drop-in Peer Support** – in the moment peer support to meet immediate needs, increase access to recovery services and remove barriers to engagement.
- ☐ **Recovery Focused Cognitive Behavioral Groups**
- ☐ Women in Recovery
 - ☐ Helping Women Recover
 - ☐ Helping Men Recover
- ☐ **Other Supportive Cognitive Behavioral Groups**
- ☐ Free Your Mind – Cognitive Skills Group
 - ☐ Healing Trauma – Trauma Coping Skills Group for Women
 - ☐ Building Resilience – Trauma Coping Skills Group for Men
 - ☐ Parenting Inside Out – Parenting Skills groups for Justice-involved parents
- ☐ **Peer Support Events and Activities**

Notes: _____

Needs assessment:

Peer Support Specialists can provide assistance with resources and referrals to support the participant's holistic needs.

Identify areas of potential need below:

- ☐ Basic needs (clothing, food, etc.)
- ☐ Employment/Education
- ☐ Transportation
- ☐ Medical/Dental care
- ☐ Mental health care
- ☐ Addiction recovery supports
- ☐ Housing
- ☐ Family reunification support
- ☐ Childcare
- ☐ Telephone
- ☐ Technology support
- ☐ Legal Support
- ☐ Support w/supervision & other legal requirements
- ☐ Not listed: _____

Notes: _____

Please complete referral form and email to MCpeers@thepathfindernetwork.org or call the office at 971-280-0493