

Peer Recovery Coach Referral Form



Date: _____

Client Name: _____

Client Phone #: _____ DOB: _____ Gender: _____

Address In Which Client Resides: _____

Email Address: _____

Do you currently have a Recovery Coach? _____

Clean Date: _____ Drug of Choice: _____

Emergency Contact: 1. _____ 2. _____

Phone Number: _____ Phone Number _____

Are you currently in Treatment: _____

Are you in a Recovery House? YES or NO?

If yes, which one? _____

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****

Peer Recovery Coach Inquiry: Approved _____ Denied _____

Grant: AOT _____ Peer _____ Other: _____

PRC ASSIGNED _____