



## CLACKAMAS MENTAL HEALTH CENTER (CMHC) WALK-IN

### PEER SERVICES REFERRAL FORM

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Anasazi # (if applicable) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip-code: \_\_\_\_\_

Telephone: \_\_\_\_\_ OK to leave a message from CMHC? y/ n

Email: \_\_\_\_\_ Preferred method of contact: \_\_\_\_\_

Reason for referral:

(ie, struggling with sadness: a loss of relationship/employment: general help with recovery and/or resources)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Who do you want involved in your wellness? (ie. Therapist, family, case manager, nobody, etc...)

\_\_\_\_\_  
\_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Person making the referral: \_\_\_\_\_ (name) \_\_\_\_\_ (phone, organization)

Relationship to individual seeking peer support: \_\_\_\_\_

Signature of person seeking peer services: \_\_\_\_\_ (optional)

Please email to [sfarr@folktime.org](mailto:sfarr@folktime.org)

All Referrals are followed up on within 3 days from the date of the referral

For Office Use Only:

Follow up Plan/ Instructions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Who we are:**

Peer Support Specialists are consumers of mental health services but have participated in specific training to learn how to support others who are in various stages of mental health recovery. Peer Support Specialists offer nonjudgmental support and validation through the sharing of personal experiences and coping skills. Peer Support Specialists are able to offer genuine empathy having personally travelled similar roads of trauma, distress, or discomfort. They are able to act as advocates and supports in the community.

**How can peer support help me?**

Peer Support Specialists Offer: (through individual and group settings)

- Support in self help
- Support in self- improvement
- Recovery role modeling
- Advocacy within the community
- Support in mediation between peers and care providers
- Access to wellness resources
- Support in setting boundaries
- Human appreciation
- Support in personal fulfillment
- Hope

**Do I need to make an appointment?**

If you want to make sure you or the person you're referring gets to see a Peer Support Specialist it is helpful to make an appointment. Peer Support Specialist hold informal office hours at CMHC to drop in between 10:00AM and 6:00PM, 6 days a week. They also may be available at other time for walk-ins but this can be unpredictable and varies with schedule

**Is this service free of charge?**

Yes.

**Can I bring my children?**

FolkTime does not provide childcare, and the presence of children may place limitations on what can be discussed during peer support interactions. With that in mind, we understand that there may be rare occasions when it is necessary to bring children, and we will welcome them.

**Will my details be kept private?**

Your privacy is important to us and will be protected, as required by law. We only disclose personal information if you give permission or if required or authorized to by law, for example, to protect someone from harm. If you would like a copy of our privacy statement please ask. FolkTime is working in conjunction with Clackamas Behavioral Healthcare and will document in medical records when appropriate.