



Peer to Peer Support Referral Form

Referrals may be submitted via fax to (909) 865-0867 or by calling Jose Montenegro or Carrie Kennedy for assistance. (See contact information below)

Instructions:

This form is used to refer a person in need of support to the Peer to Peer Program. Referred persons must be residents (either permanent or temporary) of Claremont, Pomona, or La Verne. Tri-City will respond to all referrals within two business days from the date referral is received. If this person requires urgent attention, please call 911. For additional information or concerns, please contact: Jose Montenegro (909) 242-7621 – jmontenegro@tricitymhs.org or Carrie Kennedy at 909-762-0214 ckennedy@tricitymhs.org.

| Person Referring | |
|-----------------------|--|
| Name: | |
| Organization: | |
| Organization Address: | |
| Daytime Phone: | |
| Email: | |
| Referral Date: | |

| Person Being Referred | | | |
|-----------------------|--|-------------------|--|
| Name: | | | |
| Address: | | | |
| Daytime Phone: | | | |
| Email: | | | |
| Age: | | Gender: | |
| Ethnicity: | | Primary Language: | |

| Reason for referral (please provide as much detail as possible) |
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| Describe any special circumstances regarding this referral |
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| Date of first contact: (For staff use only) | Name of assigned counselor: (For staff use only) | Date counselor assigned: (For staff use only) |
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| Notes from contact: (For staff use only) |
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| Dates of attempt to contact: |
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