



Please submitted referrals via fax to:  
 909.326.4690 or by email:  
 p2p@tricitymhs.org

## Peer Mentor Support Referral Form

### Referral Instructions

This form is used to refer a person in need of non-formal support to the Peer Mentor 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: Jennifer Phang 909.326.4648 [jphang@tricitymhs.org](mailto:jphang@tricitymhs.org).

### Person Referring

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

E-Mail Address: \_\_\_\_\_ Referral Date: \_\_\_\_\_

### Person Being Referred

Name: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Age: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Gender: \_\_\_\_\_

Email: \_\_\_\_\_ Primary Language: \_\_\_\_\_

Reason for referral (please provide as much information as possible):  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Describe any special circumstances regarding this referral:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### For Staff Use Only

Date of first contact:		Name of assigned counselor:		Date counselor assigned:	
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**Notes from contact**  
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