



31900 Utica Road, Fraser, MI  
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## Peer Recovery Coach Referral Form

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

Client Name: \_\_\_\_\_

Client Phone #: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_

City in Which Client Resides: \_\_\_\_\_

Current Treatment Provider: \_\_\_\_\_

Referring Counselor: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Current Funding Source** - Clients must have one of the following **Macomb** county funding sources to qualify for peer recovery coach services - PLEASE CIRCLE ONE:

Block Grant/PA2

Medicaid

Healthy Michigan

**Clients who may qualify for Peer Recovery Coaching include:**

- Individuals with multiple/prior unsuccessful treatment attempts
- Individuals who are engaged in treatment and ready to take action
- Individuals waiting for placement into higher level of care (residential or methadone)

**AND must also have at least one Area of Need (Check all that apply):**

<input type="checkbox"/> Medical	<input type="checkbox"/> Transportation
<input type="checkbox"/> Housing	<input type="checkbox"/> Activities of Daily Living
<input type="checkbox"/> Educational	<input type="checkbox"/> Relationships and Social Support
<input type="checkbox"/> Employment/Financial	<input type="checkbox"/> Leisure and Recreation
<input type="checkbox"/> Emotional Wellness / Mental Health	<input type="checkbox"/> CPS Involvement
<input type="checkbox"/> Other: _____	

Comments: \_\_\_\_\_

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

**\*\*Please fax this form, a release of information, and a copy of the client's current treatment plan to CARE at 586-541-2274.\*\***