

**Delaware County Office of Behavioral Health
Certified Peer Specialist Service Referral**

Participant Information (Please Type)

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email: _____

Date of Birth: _____ Social Security No.: _____ BSU # _____
(Required)

Insurance: _____ MHI # _____

INFORMED CONSENT

I have been informed of my rights as a Participant and understand that participation in the Peer Support Services Program is entirely voluntary. I am interested in setting up a meeting to learn more about the program at this time

Participant's Signature: _____ Date: _____

Referral Information

Referral Agent: **(Type)** _____ Title: _____

Phone : _____ Email: _____

Agency/ Program: _____ Reason for referral: _____

Diagnosis

Current Diagnosis of Serious Mental Illness or Serious Emotional Disturbance (required: to receive peer support services, diagnosis must be either: (CHOOSE ONE AND DOCUMENT DIAGNOSIS CODE)

<input type="checkbox"/> a) major mood disorder		<input type="checkbox"/> b) psychotic disorder NOS		<input type="checkbox"/> c) serious emotional disturbance (18 And Younger)	
DSM V	ICD 10	DSM V	ICD 10	DSM V	ICD 10

<input type="checkbox"/> d) borderline personality disorder		<input type="checkbox"/> e) schizophrenia	
DSM V	ICD 10	DSM V	ICD 10

By signing this form, the Practitioner has reviewed the referral information, attests to its accuracy, and recommends the above-mentioned participant for service with Peer Support Program.

Licensed Practitioner's Name **(Print)** _____

Telephone number _____

Type of Practitioner: Physician Licensed Psychologist Physician Assistant Certified Nurse Practitioner

Signature: _____ Date: _____

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Exception to Diagnostic criteria approved By Magellan High Risk Care Manager: Number 215-504-3983

High Risk Care Manager Name _____ Date of Contact _____ Time _____

Current Functional Impairment (required: to receive peer support services, **MUST CHECK AT LEAST ONE**):
This Participant has moderate to severe functional impairment that interferes with or limits performance (relative to the person's ethnic or cultural environment) in at least one of the following domains:

- Social (e.g., developing a social support system)
- Self-maintenance (e.g., managing symptoms, understanding his or her illness, managing money, living more independently)
- Educational (e.g., obtaining a high school or college degree);
- Vocational (e.g., obtaining part-time or full-time employment)

If Referring To Forensic Peer Support Must include the following

History of Incarceration; (if any) _____

Facility: (if applicable) _____ Release Date _____

- Probation** Current Past **Parole** Current Past

Probation/Parole Officer: _____ Phone: _____

Comments: _____

Peer Support Services Selected

- | | |
|---|--|
| <input type="checkbox"/> CareLink Community Support Services
WRAP and Employment
Phone (610) 284-1902 | <input type="checkbox"/> Mental Health Partnerships
CRIF SDC
Phone (267) 507-3873 |
| <input type="checkbox"/> Child Guidance Resource Center
WRAP
Phone (484) 454-8724 | <input type="checkbox"/> Mercy Fitzgerald Hospital
WRAP and WHAM
Phone (610) 237-4224 |
| <input type="checkbox"/> Crozer Community Hospital
WRAP, WHAM and COAPS
Phone (610)-497-7360 | <input type="checkbox"/> Merakey of Delaware County
WRAP
Phone (610) 534-3636 |
| <input type="checkbox"/> Horizon House, Inc. ⁷²¹²
WRAP
Phone (610) 876 6947 | <input type="checkbox"/> Peerstar, LLC (Mobile Forensic)
Forensic and Co-occurring Disorders
Phone (484) 574-8912 |
| <input type="checkbox"/> OMNI Health Services
WRAP
Phone (267) 308-8136 | <input type="checkbox"/> Child and Family Focus (ages 14 – 17)
Phone (610) 325-3131 |
| | <input type="checkbox"/> Child and Family Focus (ages 18– 26)
Phone (610) 325-3131 |

Referral Agent Signature: _____ Date: _____

*** Submit completed form to Delaware County OBH via email to Jazmine Carter (CarterJ@delcohsa.org);

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(Fax) 610-713-2378 or U.S. mail to: 20 S. 69th Street, 3rd FL, Upper Darby, PA 19082 Attn: Jazmine Carter