

Family/Peer Mentor Referral Form

Instructions: Please use this form when requesting Family and/or Peer Mentor support services. This form may be completed by **Support Coordinators/Case Managers, Social Workers/Discharge Coordinators, and Community Integration Managers, Community Resource Consultants, individuals and families/ARs.** Email the completed referral form to the Family Resource Consultant at: benita.holland@dbhds.virginia.gov.

Individual Information	
Name:	Training Center/Other (if applicable):
Unique Identifier (if applicable):	Age: <input type="checkbox"/> Male <input type="checkbox"/> Female
Name of Family Member or Authorized Representative (if applicable):	
Relationship:	
Address:	
Telephone Number:	
Email Address:	
Contact Preference: <input type="checkbox"/> Telephone <input type="checkbox"/> Email <input type="checkbox"/> F/F <input type="checkbox"/> Mail	
Supports Requested: <input type="checkbox"/> Family Resource Consultant <input type="checkbox"/> Family Mentor <input type="checkbox"/> Peer Mentor	
<input type="checkbox"/> Community Living Contacts <input type="checkbox"/> Community Resources Only	
<input type="checkbox"/> Family/Authorized Representative of Individual with Similar Supports	
<input type="checkbox"/> Other (please explain):	
Region Preference for Family Mentor/Peer Mentor/Community Living Contacts (if applicable):	
<input type="checkbox"/> Region I <input type="checkbox"/> Region II <input type="checkbox"/> Region III <input type="checkbox"/> Region IV <input type="checkbox"/> Region V	
Comments:	
Family Preference Score:	
Information to Assist with Matching: (essential supports, preferred method of communication, helpful tips about individual-hobbies, skills, abilities, important factors to consider when matching)	

Referral Information
Date of Referral: Click here to enter a date.
Referral Submitted By (name):
Relationship: <input type="checkbox"/> Self <input type="checkbox"/> CIM/CRC/SW/SC <input type="checkbox"/> FRC <input type="checkbox"/> Other:
Contact Information (telephone number or email):
Additional Comments:

Referral Form Key

- Information to Assist with Matching – include any helpful information about the individual to assist in appropriate matching
- Family Resource Consultant (FRC) – request contact to provide resources and offer additional supports
- Family Mentor (FM) – request to be paired “one on one” with a family mentor
- Peer Mentor (PM) – request to be paired “one on one” with a peer mentor (peer partner will support peer mentor)
- Community Living Contacts (CLC) – request one time connection to families/guardians of individuals currently residing in the community, family/guardian does not desire ongoing support of a mentor
- Community Resources Only – request community resource materials package only
- Family/Authorized Representative of Individual with Similar Supports – request to talk with a loved one of an individual with similar supports (if you have a potential family in mind please provide the name and contact information)

