



Robin's Home, Inc.

Peer Specialist Referral Form

401 East Pearl Street
Butler, PA 1600
Phone (724) 453-4644
Fax (724) 256-5289
Website: <https://robinshome.us/>

(All fields must be completed at time of referral)

Date Received ____ / ____ / ____

Client Name: _____ Maiden (Birth) Name: _____

Date of Birth: _____ Soc. Security #: _____ BSU #: _____

Address: _____

Home Phone #: _____ Alt. Phone #: _____

Current Insurance: _____ MA#: _____

Referred by (Agency): _____ Contact (Referring) Person: _____

Address: _____

Phone #: _____ Date of Referral: _____

Criteria for Program referral: Person must be 18 years or older and have been diagnosed with a Serious Mental Illness of sufficient duration to meet diagnostic criteria specified within DSM-V that has resulted in functional impairment, which substantially interferes with or limits one or more major life activities.

Primary Diagnosis: _____ DSM-V/ICD Code: _____

Secondary Diagnosis: _____ DSM-V/ICD Code: _____

How would peer benefit from peer specialist services? *(Please check domain and brief explanation of recommendations)*

Living Domain: _____

Learning Domain: _____

Work Domain: _____

Social Domain: _____

Self-Maintenance Domain: _____

Signature of Practitioner of Healing Arts Print Practitioner Name Date

Practitioners PROMISE Number Practitioners NPI Number

*** **Per Medicaid requirements** the service must be recommended by a licensed practitioner of the healing arts which may include a physician, a licensed psychologist, a licensed professional counselor a certified registered nurse practitioner or a physician's assistant. Practitioners PROMISE number and NPI number must be included.

Current Involvements: _____

Blended Case Manager (name & phone): _____

Payee (name & phone): _____

Therapist (name & phone): _____

Family (name & phone): _____

Physician/Psychiatrist (name & phone): _____

Other: _____

A Psychiatric or Psychological Evaluation must accompany this referral. In the space provided, describe needs, preferences (prefers working with male/female etc.), and other information which would help in matching to a peer specialist or engaging peer in peer specialist service:

Name of person completing referral _____

For Official Use Only

Peer Staffed To: _____

Date _____