



Peer Delivered Services Referral Form

Peer's Information

Peer's Name: _____

Pronouns: _____

Email: _____

Phone: _____

Address (if applicable): _____

County (where you live or receive services in): _____

Preferred contact method (email/phone call/etc.): _____

Birth Date: _____ Gender Identity: _____

Identifies as LGBTQIA2S+ Yes No Veteran/Former Military Service Member Yes No

Identifies as a family member or spouse of a Veteran/Former Military Service Member Yes No

Strengths Needs Assessment

How do we contact this individual? _____

Is this peer experiencing houselessness? _____

Is this peer experiencing addiction? _____

Are there any topics that activate this individual? _____

What are the individual's needs?

What are the individual's strengths?



Lived experience match preferences - i.e. PTSD, Addiction, MST, Houselessness, LGBTQIA2S+, etc.:

Preferred gender of assigned Peer Mentor: _____

Please note: While we do our best to accommodate requests for preferred lived experiences or gender identity of assigned Peer Support Specialists, we cannot make any guarantees.

Referrer Information

If this is a self-referral, please disregard referrer's contact information below

Who referred the peer: _____

Organization: _____

Phone: _____

Email: _____

NAMI Multnomah takes your privacy seriously and will not share your information outside of our organization. For the security of your information, please send all referrals for review to referrals@namimultnomah.org.