

# TRAC Peer Recovery Support Project - Peer Client Referral

The Transitional Recovery & Culture (TRAC) Program is designed to help those in recovery access the community resources needed to achieve and maintain a healthy, culturally rich, sober life. This is achieved through peer to peer recovery support services.

If you know of a person in recovery who meets the criteria below and may benefit from additional recovery support, please complete this form and fax it to the TRAC Program at our fax # **406-254-6355**. **Contact: Dyani Bingham at 406-252-2550 or email: [dyani.bingham@rmtlc.org](mailto:dyani.bingham@rmtlc.org)**.

The kinds of support the potential client will receive:

- general recovery support for substance abuse
- referrals to help them access dental, medical, nutrition and physical activity programs
- referrals to help them gain access to sober housing
- referrals to help them access gainful employment or educational opportunities
- referrals to help them access cultural opportunities that promote health and sobriety

**Instructions:** This form is used to refer a person in need of support to the TRAC Peer to Peer program. The referral must be a tribal member either 18 years and older who have completed in-patient or out-patient and are now in recovery. Must be voluntary.

Person Referring	Name:	
	Organization (if applicable):	
	Address:	
	Daytime Phone:	
	Email:	
	Referral Date:	

Person Being referred	Name:		
	Address:		
	Daytime & Nighttime Phone		
	Email or <u>Other Phone #s</u> :		
	Tribal Affiliation:		Primary Language

Reason for Referral	Please Provide as much detail as possible		

Authorization	<p>I, _____, understand that I am being referred to the TRAC Program for support services. I give permission to have someone from the TRAC Program to contact me to set up the initial appointment. I also hereby authorize the information on this form to be disclosed to the TRAC Program for the purpose of receiving "peer to peer" recovery support services.</p>	
	Client Signature: _____	Date: _____

FOR STAFF USE ONLY	Date of first contact:	Name of assigned Peer Navigator	Date Peer Navigator Assigned:

Notes from contact: (For staff use only)

Dates of attempt to contact: