

Aurora Services
363 Third Street
Beaver, PA 15009
Phone: (724) 775-2298 Fax: (724) 774-7603

PEER SUPPORT SERVICES

Instructions: This form **MUST** be completed and signed by a Physician, Psychologist, PA or CRNP. Referrals will not be processed until this letter is completed and returned. If you have questions or need assistance, please contact our office.

RECOMMENDATION LETTER

Peer Support Services are specialized therapeutic interactions conducted by trained professionals who are self-identified as current or former participants in behavioral health services. Peer Support Services are self-directed and person centered with a recovery focus. They facilitate the development of recovery skills. Services are multi-faceted and include, but are not limited to, individual advocacy, crisis management support, and skills training. Services can occur within the home setting, or out exploring resources within the local community.

I _____ recommend _____
(PRINT NAME) (PRINT NAME)
for Peer Support Services through Aurora Services.

MH Diagnosis: _____ **ICD 10 Code:** _____

Medically necessary criteria for recommendation: _____

Please indicate evidence of functional impairments: THIS SECTION MUST BE COMPLETED

LIVING	
LEARNING	
WORKING	
SOCIALIZATION	

SIGNATURE OF REFERRING PERSON

DATE

PLEASE CHECK TITLE: _____ PHYSICIAN _____ PSYCHIATRIST _____ PSYCHOLOGIST

_____ PHYSICIAN ASSISTANT _____ CERTIFIED NURSE PRACTITIONER