

### Trauma Survivor Peer Support Request Form

Date \_\_\_\_\_ OHP? \_\_\_\_\_

Person wanting peer support \_\_\_\_\_ DOB/Age \_\_\_\_\_

Phone/Message/Cell \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_  
(city) (zip) County \_\_\_\_\_

Living Situation \_\_\_\_\_

Case Manager/Counselor requesting support services \_\_\_\_\_

.....  
.....

Check any that apply:

- \*Mental Health Client \_\_\_\_\_
- \*Coping with the effects of trauma \_\_\_\_\_
- \*Interested in Peer Support \_\_\_\_\_
- \*OHP recipient \_\_\_\_\_
- Lonely and living in isolation \_\_\_\_\_
- Wanting to move towards recovery \_\_\_\_\_
- Wanting to build healthy relationships \_\_\_\_\_

(\* Denotes criteria for requests)

Additional Comments:  
\_\_\_\_\_  
\_\_\_\_\_

Any questions call:

Nancy Snider, Program Director  
Cell Phone  
e-mail

503.363.3260  
503.302.5269  
[nsnider@opusnet.com](mailto:nsnider@opusnet.com)

Fax this form to

503.585.0491