

R.A.M.P.

Restorative Approaches Maine Project (Long term in-home family peer support)

G.E.A.R. Parent Network
Family Peer Specialist Program
10 Caldwell Rd., Augusta, ME 04330
1-800-264-9224 Fax: 207-626-3453
Email: Dbouffard@kbhmaine.org
www.gearparentnetwork.org

Family Peer Specialist Support Referral Form

Date of Referral								
Parent/s Name								
Address								
City/State/Zip								
Home/Cell Phone		Email						
Children's Names/Ages								
Person making referra	al:		Phone:					
Does family have TCN	VI case management services?	Yes No	Has none					
Or enrolled in a BHH	or CCBHC case management ser	vice? NoY	es -Agency Name:					
	y involved with children's behav vices? Please list which two:	ioral health, child wo	elfare, juvenile justice and/or					
Yes, diagnosis is:	y Child/Youth in the home who has a mental health diagnosis. s, diagnosis is: o, will schedule or child is scheduled for a clinical evaluation to obtain a diagnosis							
Reason for referral ar	n for referral and what supports does this family want or need?							