



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 referral: _____ Phone: _____

Does family have TCM case management services? Yes ___ No ___ Has none
Enrolled in a BHH or CCBHC Care Coordination service? ___ No ___ Yes -Agency Name: _____
Is child/youth actively involved with children's behavioral health, healthcare, child welfare, juvenile justice and/or special education services? Please list which two: _____
Primary Child/Youth in the home has a mental health diagnosis. ___ Yes, diagnosis is: ___ No, will schedule or child is scheduled for a clinical evaluation to obtain a diagnosis ___ No diagnosis
Reason for referral and what supports does this family identify they want or need? _____ _____ _____ _____ _____ _____

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