

# Youth Peer Support Statewide Network – Referral Form

The Youth Peer Support Statewide Network is reimagining youth and young adult mental health services in Maine, by focusing on lived experience, connection and self-determination. Peer support staff practice intentional peer support and also self-identify with mental health and substance use challenges. The network offers activities including one-on-one youth peer support, drop-in spaces, and support groups.

**Eligibility:** Youth and Young Adults 14-26 years old, who self-identify with mental health challenges, which may include substance use.

## Contact Information

### Youth or Young Adult's Information

**\*\*Our preference is to contact youth directly, so please make every effort to provide their personal contact information.\*\***

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Town: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### Guardian Information (if applicable)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Would the family/Youth need an interpreter?  Yes  No

\*Language: \_\_\_\_\_

Is the youth on the wait list for home and community based services (also called HCT or Section 65 services)?  Yes  No  Not sure

Referred by: \_\_\_\_\_

Relationship to referred person: \_\_\_\_\_

**Youth must give permission for the referral. Please check here to confirm.**  Yes

Please send completed referral forms to: [YPSSN@mainehealth.org](mailto:YPSSN@mainehealth.org)

For questions, contact us at the email above or by calling: 207-396-7052.