

Reference Form for OhioMHAS Peer Recovery Supporter (PRS) Training

Personal Reference Professional Reference

NAME OF APPLICANT:

Name of person completing this form:

Address:

City:

State:

Zip:

Email:

Phone Number:

Based on your knowledge of the applicant, please provide comment on the following:

What would make the applicant a good Peer Recovery Supporter?

How well does the applicant interact with others?

Please describe strengths and assets the applicant will offer as a Peer Recovery Supporter?

Do you have any concerns about the applicant becoming a Peer Recovery Supporter?

Signature and date: