

KENTUCKY PEER SUPPORT SPECIALIST TRAINING:

PERSONAL REFERENCE FORM

Educate, Advocate and Serve

The individual named below is completing an application to be trained as a Kentucky Certified Peer Support Specialist. Peer Specialists utilize their own personal experiences and knowledge gained through mental illness and/or substance use recovery to empower others, assist and advocate for consumers, and develop new skills while enhancing their own personal recovery. You have been chosen by the applicant to provide a reference for the purpose of verifying the individual's demonstrated recovery for at least the past year. Reference forms can be faxed/scanned/emailed to Ashley Adcock at kadcock@mhankyswoh.org or sent to the address listed below:

Mental Health America of Northern Kentucky and Southwest Ohio Attn: Peer Support Training 11238 Cornell Park Drive | Blue Ash, OH 45242

Name of the Applicant:
1. Please describe the nature of your relationship with the applicant.
2. Describe your experience with the individual that indicates his/her demonstrated recovery over the past year
3. Please indicate any strengths or assets this individual may offer as a Peer Support Specialist.

. Do you believe this individual is well-equipp	ped to share his/her recovery experiences in a manner that will
mpower and assist fellow consumers? Please	e explain.
. If you were in the role of hiring Peer Suppor	rt Specialists or placing them in a volunteer position, would you
onsider this person to be a viable candidate,	
•	,
ignature:	Date
ignature:	Date:
ignature:	Date:
	Date:
ontact information:	
Contact information:	
Signature: Contact information: Name: Phone:	

Thank you for your honest assessment of this individual as a Peer Support Specialist Candidate.

KENTUCKY PEER SUPPORT SPECIALIST TRAINING:

PERSONAL REFERENCE FORM



Educate, Advocate and Serve

The individual named below is completing an application to be trained as a Kentucky Certified Peer Support Specialist. Peer Specialists utilize their own personal experiences and knowledge gained through mental illness and/or substance use recovery to empower others, assist and advocate for consumers, and develop new skills while enhancing their own personal recovery. You have been chosen by the applicant to provide a reference for the purpose of verifying the individual's demonstrated recovery for at least the past year. Reference forms can be faxed/scanned/emailed to Ashley Adcock at kadcock@mhankyswoh.org or sent to the address listed below:

Mental Health America of Northern Kentucky and Southwest Ohio Attn: Peer Support Training 11238 Cornell Park Drive | Blue Ash, OH 45242

Name of the Applicant:
1. Please describe the nature of your relationship with the applicant.
2. Describe your experience with the individual that indicates his/her demonstrated recovery over the past year
3. Please indicate any strengths or assets this individual may offer as a Peer Support Specialist.

 Do you believe this individual is well-equipped to 	o snare his/her recovery experiences in a manner that will	
empower and assist fellow consumers? Please explain.		
. If you was in the vale of hising Deep Compant Con		
	ecialists or placing them in a volunteer position, would you	
consider this person to be a viable candidate, given	n what you know about their recovery?	
ignature:	Date:	
Signature:	Date:	
	Date:	
	Date:	
Contact information:		
Contact information:		
Signature: Contact information: Name: Phone:		

Thank you for your honest assessment of this individual as a Peer Support Specialist Candidate.