

**KENTUCKY PEER SUPPORT SPECIALIST TRAINING:
PERSONAL REFERENCE FORM**

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 Kara Atwell at katwell@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.

4. Do you believe this individual is well-equipped to share his/her recovery experiences in a manner that will empower and assist fellow consumers? Please explain.

5. If you were in the role of hiring Peer Support Specialists or placing them in a volunteer position, would you consider this person to be a viable candidate, given what you know about their recovery?

Signature: _____

Date: _____

Contact information:

Name: _____

Phone: _____

E-mail: _____

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

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Educate, Advocate and Serve

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