

**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. After completing the reference form below, please place the completed form in an envelope, seal it, and place your signature across the seal. Reference forms can be mailed to the address listed below:

**Mental Health America of Northern Kentucky and Southwest Ohio  
Attn: Peer Support Training  
912 Scott Blvd.  
Covington, KY 41011**

**Name of the Applicant:** \_\_\_\_\_

1. Please describe the nature of your relationship with the applicant.

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2. Describe your experience with the individual that indicates his/her demonstrated recovery over the past year.

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3. Please indicate any strengths or assets this individual may offer as a Peer Support Specialist.

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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.

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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?

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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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