



ASK Youth Peer Support Referral Form

Dear Family Member,

ASK Family Services is a non-profit Youth and Family Support organization. We assist families and their children who have mood, emotional, and behavioral challenges to understand and navigate services, advocate effectively, and achieve their potential. ASK's Youth Peer Support Specialists are young adults who have experience in the mental health system. They work alongside youth to assist them in developing skills to improve their overall functioning and quality of life. Youth Peer Support Specialists work collaboratively with others involved in delivering the youth's care.

Shortly after you complete this form, an ASK Youth Peer Support Specialist will contact you with more information. ASK support is confidential, and available to youth experiencing mood, behavioral and emotional disorders residing in Kalamazoo County through KCMHSAS funding. We welcome the opportunity to work with you.

Parent/Caregiver Name (first and last)

Child/Youth's Name (first and last)

Birth Date

Street Address

City

State

Zip

Home Phone

Cell Phone

E-mail Address

Parent/Guardian Signature

Date

Youth Signature

Date

Referring Agency if applicable (name and phone number)

Instructions for Agency Staff: Please FAX the completed form to the ASK Office at (269) 978-0287. An ASK Youth Peer Support Specialist will call the parent/caregiver as soon as possible. If you would like to know the status of a referral, please attach a signed release of information form. ASK services are available to all Medicaid billable families and will be tailored to meet the unique needs of the family. Thank you!

FOR ASK OFFICE USE ONLY

Dates of Attempted Contact		
1.	/	/
2.	/	/
3.	/	/

Action Taken
<input type="checkbox"/> Individual Intake Form
<input type="checkbox"/> Letter Mailed
<input type="checkbox"/> Follow up with referral