



RECOVERY SUPPORT SERVICES REFERRAL
839 BESTGATE ROAD, SUITE 300, ANNAPOLIS, MARYLAND 21401
PHONE: PEER LINE: (410) 222-7076
ODSOS LINE: 410-222-6187 FAX: (410) 222-4035

Date of Referral: _____

Name of Person Referred: _____
(First Name) (Middle Initial) (Last Name)

Contact Number: _____ (Mobile | Home | Work)

Secondary Contact Number: _____ (Mobile | Home | Work)

D.O.B.: _____ Gender: Male Female Transgender Non-Binary Intersex I prefer not to say
Other: _____

Address: _____
Street
City/Town State ZipCode

Person making referral: Peer Support Specialist Participant Request Counselor/Clinician
Hospital Staff Other, specify: _____

Name of Person/Agency
Requesting Referral: _____
Name | Credentials

Address: _____
Street
City/Town State ZipCode

Contact Number: _____

REFERRAL TYPE (CHECK ALL THAT APPLY):

- Women and Children Probation/Parole STAR Other:
Recovery Housing Community/Treatment Provider Safe Stations DSS -Other
Health Department Vital Records Vocational/Education Youth Clubhouse
CSS AAMC BWMC DSS - Start

Comments: