

PERSONAL REFERENCE FOR
50-HOUR PEER SUPPORT SPECIALIST TRAINING APPLICATION

The individual named below is applying for participation in a Peer Support Specialist Training Program. 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 9 months*.

Instructions: Please complete the reference form. Place the completed form in an envelope and seal it. Sign the back of the envelope, placing your signature across the seal line. Return it to the Applicant, who will mail it as part of the complete application packet.

Name of Applicant:

- 1) Please describe the nature of your relationship with this individual and how long you have known this individual:

- 2) Describe your experience with this individual that indicates his/her demonstrated recovery for **at least 9 months:**

- 3) Please describe any strengths or assets this individual will offer as a Peer Support Specialist:

PLEASE SIGN STATEMENT ON THE NEXT PAGE

