



Recovery Zone of Logan Co.  
Recovery Community Organization

440 S. St. Paris St, Bellefontaine, OH 43311  
(937)593-9391 (Building Open: Mon-Fri 11am-2pm)

*"Shining a Light on the Path to Recovery"*

**\*\*24/7 Warm Peer Line:**  
(937)210-9003

Name of Individual Being Referred:

Today's Date:

Please complete the contact information below of the person submitting the referral (i.e. therapist, counselor, case manager, doctor, pastor, etc)

**NOTE:** If you are submitting a self-referral, please insert your name and contact information.

Name of Person Submitting Referring:

Phone # of person submitting referral:

Email of person submitting referral:

Name of Agency (if applicable)

Please complete the below contact information of the individual being referred:

Date of Birth

Phone Number

Email

Male

Female

Othe \_\_\_\_\_

Address

Type of Peer Support

- Mental Health Peer Support (includes mental illness, emotional stress, trauma, etc.)
- Substance-Use Disorder (substance use & related needs)
- Co-Occurring Peer Support (mental health & substance use)

Reason for Support

- Educational & Vocational Support
- Community Integration & Resource Support
- Housing & Self-Advocacy Support
- Social, Cultural and Spiritual Development Support
- Self-Maintenance, Recovery and Wellness Support

Diagnosis

Peer Support Treatment Goals (if applicable)