

PEER BRIDGER PROGRAM APPLICATION

Any and all information is kept confidential

Peer Bridger Match (Consumer requesting to be matched with a Peer Bridger)

Date: _____

Name: _____ Date of Birth: _____
(Last) (First) (Middle Initial) (month/day/year)

Social Security #: _____ Gender: _____

Address: _____ City: _____ State: ____ Zip: _____

Home Phone: _____ Alternate Phone: _____

Do you have access to transportation? _____

How did you hear about the Peer Bridger Program? _____

Length of time you have been in Recovery: _____

Emergency Contact Information:

Name: _____ Relationship _____

Address: _____ City: _____ State: ____ Zip: _____

Home Phone: _____ Alternate Phone: _____

Clinical Information:

DISCLAIMER: Peer Bridger services, under a best practice model, may require a consumer of mental health services to work with another consumer of these services. It is important, therefore, that we know as much about your clinical background as you are willing to share in order to make an accurate match between staff and persons needing our services. By completing the information in this section, you acknowledge that this information is important and that you release Mecklenburg Open Door, Inc. of any liability associated with appropriate use of the information. The information will be kept in confidence.

[] I choose not to complete this section.

Your Diagnoses: _____

Current Medications: _____

Please attach a referral letter from your Community Support worker. The letter can include a description of you, the applicant including strengths, personality traits, communication styles, relationship to and interaction with the applicant, etc.

Submit Completed Applications to:

Via Mail:

Mecklenburg's PROMISE

Attn: Peer Services

1515 Mockingbird Lane, Suite 203

Charlotte, NC 28209

Via Fax:

Attn: Peer services

(704) 525-0949

Via Email:

sbadger@mecklenburgopendoor.org

Website: www.meckpromise.com

Website: www.mecklenburgopendoor.org