



Recovery Guide/Battle Buddy Referral Form

Referral Guidelines

1. If the participant would like military/veteran specific support, please use the term Battle Buddies as the program name.
2. If the participant would like support specifically related to mental health or substance use, please use the term Recovery Guide as the program name.

Participant Information

Name:	_____	Date of Birth:	_____
Current Address:	_____	Phone Number:	_____
	_____	Best Way to Contact (check all that apply)	<input type="checkbox"/> Phone <input type="checkbox"/> Email
E-Mail Address:	_____		<input type="checkbox"/> Text <input type="checkbox"/> Other:
		Best Time to Be Contacted:	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon
			<input type="checkbox"/> Evening

Emergency Contact Information

Name:	_____
Relationship to the Participant:	_____
Phone Number:	_____

Additional Information

What is the participant seeking more support for?

What types of activities does the participant enjoy doing? If none, what types of activities might they be interested in exploring?



Are there any pending charges or convictions we should be aware of? If yes, what charges/convictions?

Review of Program Expectations:

A Recovery Guide/Battle Buddy will:

1. Help you establish a healthy plan for living, including the development of support systems.
2. Help connect you with the community and its resources, it's up to you to choose what resources you want to use.
3. Keep their relationship with you confidential. We will acknowledge your participation in the program with your written permission. We will not monitor any participant's abstinence or report on any participant's use of substances.
4. Report to the proper authorities and their supervisor if you disclosure of personal involvement with child abuse or neglect, elder abuse or neglect, threatened suicide, or threatened harm to others.

Participant Expectations:

1. Your recovery is your responsibility, and ultimately the choices and decisions you make are your own responsibility.
2. Please keep your appointments with your Recovery Guide/Battle and strive to be on time. If you are unable to meet let your Recovery Guide/Battle Buddy know as soon as you can.
3. You understand and agree that you will not seek to hold your Recovery Guide, Battle Buddy, FOCUS or the Hancock County Veteran's Service Office legally responsible for your decisions or actions.
4. You may contact FOCUS or the Hancock County Veteran's Service Office with any questions or concerns you are about your experience in the Recovery Guide or Battle Buddy Program or if you feel you may benefit from a different Recovery Guide/Battle Buddy.

The purpose and expectations of the Recovery Guide/Battle Buddy Program were explained and verbal consent to participate in the program was given by: _____

This form was completed by: _____

For Internal Use Only

Date Received: _____

Recovery Guide/Battle
Buddy Assigned: _____