



HOPE RECOVERY NETWORK: PEER SUPPORT EXIT PROCESS

1. **Confirm & Document Peer Support End Date** with Participant (*Some specific documentation like a text, paper, card, survey, etc*)
2. Clearly Outline **Changes to Relationship Boundaries** (*i.e. Peer Supporter &/or HRN no longer primary contact for anything*)
 - Establish Alternate "Recovery Contact": for emergencies / recovery provider / coordination (*i.e. guardian, case worker, therapist, etc*)
 - Establish Alternate "Social Contact": for periodic check-ins / social connection (*i.e. family, friend, residential staff, neighbor*)
3. Ensure Participant **Knows How to Restart** Peer Support if Necessary (*New Provider/Agency Referral or HRN Request Referral*)
4. Peer Supporter **Complete HRN Exit Form & Submit** to HRN Coordinator
 - OPTIONAL Complete HRN Exit Survey (*Helps solidify the change, also documents experience*)
 - OPTIONAL "HRN Peer Support Graduation" Certificate (*Gives Satisfaction / Pride*)

PEER SUPPORT EXIT FORM (Grey Areas Required / White If Possible)		
PARTICIPANT NAME:	SERVICE START DATE: <i>Estimate if unknown</i>	SERVICE END DATE:
PEER SPECIALIST NAME:	ORIGINAL REFERRAL PERSON / AGENCY:	DIAGNOSIS: MH / AoD / Both NOTE:
PARTICIPANT DEMOGRAPHICS:		
GENDER: M / F / Non-Binary	AGE: (if known)	SOR COMPLETE? YES / NO / UNKNOWN
SEX ORIENTATION:	RACE: (if known)	COUNTY OF SERVICE:
EXIT CONTACT INFORMATION (PARTICIPANT / ALTERNATE PERSONS)		
PARTICIPANT PHONE:	STREET ADDRESS:	
ALTERNATE SUPPORT PERSONS NAME / RELATION:		ALT PHONE:
ALTERNATE SUPPORT PERSONS NAME / RELATION:		ALT PHONE:
PEER SUPPORT SERVICE SUMMARY (CIRCLE BEST ANSWERS)		
PARTICIPATION LEVEL (1. FULL / CONSISTENT) (2. PARTIAL / VARIED) (3. CANCEL 50%+) (4. NO RESPONSE) (5. _____)		
AVG WEEKLY HRS: (0-1) (1-2) (2-3) (3+)	OWN TRANSPORT? Yes / No / Other	PRIMARY MODE: Phone / In-Person / Both
CIRCLE TOP 3 - 6 SERVICE TYPES	<i>Socialization (With Groups / Individually)</i>	<i>Frequent Check-Ins / Extended Active Listening</i>
<i>Transport: (Shopping / Medical Appts. / Other)</i>	<i>Wellness Activities / Goals / Coaching</i>	<i>Crisis Support / Hospitalization / Physical Asst.</i>
<i>Recovery Treatment / Group Therapy</i>	<i>Vocational / Life Skill Building</i>	<i>Daily Task Asst. _____</i>
<i>Justice System / Court / Jail Asst.</i>	<i>Care Coordination / Advocacy</i>	<i>Other:</i>
TOP PROGRESS AREA:		

EXIT SUMMARY / Additional Notes if any:

PERSON COMPLETING FORM:	SPECIALIST INITIALS: X	SUPERVISOR INITIALS: X
-------------------------	---------------------------	---------------------------