

New Mexico Peer Coalition and Soul Recovery Cafe

Community Provider Referral Form

Use this form to connect a client with peer support community recovery services or workforce development. Once the referral has been received NMPC will reach out within 2 business days to schedule an initial intake. Service availability and the best fit will be discussed at intake.

Client Contact Information

Referral Date: _____ Client Date Of Birth: _____
Client Legal Name: _____
Preferred Name: _____ Pronouns Optional: _____
Phone: _____ Email: _____
Address or location where client can be reached: _____

City: _____ State: _____ ZIP: _____

Preferred contact: ☐ Call ☐ Text ☐ Email ☐ Through provider

Permission to leave voicemail: ☐ Yes ☐ No Permission to text: ☐ Yes ☐ No

Safe contact instructions and best days or times: _____

If client has no phone or email, alternate contact and relationship: _____

Alternate phone or email: _____

Client permits contact through this person: ☐ Yes ☐ No

Demographic Information Optional

These questions help us understand community needs and support access. Clients may leave any demographic question blank or choose not to answer.

Gender identity: _____

Race or ethnicity self-described: _____

Preferred language: _____ Interpreter needed: ☐ Yes ☐ No

County of residence: _____ Tribal affiliation optional: _____

Housing situation: ☐ Stable ☐ Temporary ☐ Unhoused ☐ Prefer not to answer

☐ Other: _____

Veteran or military connection optional: _____

Access And Accommodations

Preferred delivery: ☐ In person ☐ Virtual ☐ No preference

Transportation, technology, disability access, or other accommodations needed:

Services And Referral Details

Client name: _____ Referral date: _____

Requested services select all that apply

- ☐ One-on-one peer recovery support
- ☐ Small groups and peer support groups
- ☐ Soul Recovery Cafe membership and Recovery Circles
- ☐ Soul Recovery Cafe drop-in services and community connection
- ☐ Community recovery events and activities
- ☐ SOUL Fitness and recovery-oriented movement activities
- ☐ Recovery resources and connection to community services
- ☐ Professional development and **peer workforce** training
- ☐ Workforce development and career support
- ☐ Unsure — help identifying services at intake
- ☐ Other: _____

Reason for referral and client's stated interests or goals:

Other information needed to support intake or participation, if client agrees:

Referring Provider Information

Organization: _____

Provider Name And Title: _____

Phone: _____ Email: _____

Provider Signature: _____ Date: _____

Client Permission And Information Sharing

- ☐ Client has agreed to this referral and to NMPC contacting them to schedule intake.
- ☐ Referring provider has obtained any authorization required to share this information.

Client signature: _____ Date: _____

This form permits referral and outreach only; it does not authorize NMPC to release attendance or service records back to a provider. A separate release may be needed for ongoing coordination. Share only information necessary for the referral; do not attach clinical records without appropriate authorization. Contact Elise to arrange secure submission of client information.

Referral contact: Elise Padilla, MSW, MBA, CPSW, Executive Director
(505) 366-8015 | elise@nmpeercoalition.org

Peer support participation is voluntary. This referral form is not for emergency response. For an immediate emergency, call 911; for crisis support, call or text 988.