Youth Peer Support Statewide Network – Referral Form

The Youth Peer Support Statewide Network is reimagining youth and young adult mental health services in Maine, by focusing on lived experience, connection and self-determination. Peer support staff practice intentional peer support and also self-identify with mental health and substance use challenges. The network offers activities including one-on-one youth peer support, drop-in spaces, and support groups.

Eligibility: Youth and Young Adults 14-26 years old, who self-identify with mental health challenges, which may include substance use.

Contact Information

**Youth or Young Adult’s Information**

**Our preference is to contact youth directly, so please make every effort to provide their personal contact information.**

Name: _______________________________ Age: __________

Town: ___________________ Phone: _______________________

Email: _____________________________

**Guardian Information (if applicable)**

Name: ___________________ Phone: _______________________

Email: _____________________________

Would the family/Youth need an interpreter?  ☐ Yes  ☐ No

*Language: _________________________________

Is the youth on the wait list for home and community based services (also called HCT or Section 65 services)?  ☐ Yes  ☐ No  ☐ Not sure

Referred by: _________________________________

Relationship to referred person: _________________________________

Youth must give permission for the referral. Please check here to confirm.  ☐ Yes

Please send completed referral forms to: YPSSN@mainehealth.org
For questions, contact us at the email above or by calling: 207-396-7052.