

Peer Support Case Note

Peer Supporter Name:		Participant Initials:	
Session date:		Session time:	

Emergency Steps Taken

- Called AMHS Crisis Services
- Called 911
- Called Facilitator
- N/A

Reason:

Main Concerns

- Substance Use or Addiction
- Bullying
- Mental Health Concerns
- New to Kington or Canada
- Homelessness or Housing Difficulties
- Social Isolation
- Discrimination or Stigma
- Other:

Details:

Purpose of Meeting

- Check-in
- Attend Support Group or Service Together
- Weekly Session
- Social Activity
- Support on a Specific Issue
- Other:
- Referral to Other Supports

Details:

Resources Referenced or Referrals Made

Additional Notes & Next Steps

These sessions notes have been reviewed by the peer supporter, and the participant.

Participant: _____

Peer Supporter: _____
