



The Peer Recovery Engagement Program (PREP) Referral Form

Email: pes@ongov.net
Phone: 315-214-1427 Fax: 315-435-3279



J. Ryan McMahan, II
County Executive

Date _____

Referral

Name Person Referring _____

_____ Agency (Specify): _____

_____ Self

_____ Family/Friend/Other (Relationship) _____

Phone Number (s) _____ Ext. _____

Email _____

If hospitalized, what is the location of individual (Hospital Name, Bed Number, Unit, Room#)

Date of Discharge (If Known) _____

Reason for Admission _____

Person Being Referred's Information

Name: _____ Date of Birth: _____

Address: _____

Phone: _____

Email: _____

Support Services Needed _____

Any Additional Information You Would Like Us To Know

<http://www.ongov.net/mentalhealth/peerengagement.html>

**Please send completed form via fax (315-435-3279)
or email pes@ongov.net**

**Onondaga County Department of Adult & Long Term Care Services
421 Montgomery Street, 10th Floor, Syracuse NY 13202**

Revised: 12/2019