



Telephone Recovery Support Consent Form



Please Print Clearly

Name: _____ Date of birth: ____ / ____ / ____

Phone: (____) _____ - _____ Mobile? Y or N Carrier: _____

Email: _____

Referred by: _____ County: _____

Current housing: Homeless/Shelter Sober House/Transitional Housing Own/Rent Other

Telephone Recovery Support calls/texts are made between:

11 a.m. and 9 p.m. (Mountain Standard Time) Monday - Friday.

Please circle the time range and preference that reflects when you would like to be called/texted:

11 am – 1pm 1pm – 3pm 3 pm – 5pm 5 pm – 7pm 7pm –9pm
Telephone Call Text Email

Return this form to PEER Wellness Center:

- Fax this document to PWC @ 208 629 7713
- Scan and e-mail it to supportme@peerwellnesscenter.org
- Mail or hand deliver it to PEER Wellness Center @
963 S Orchard Street – Suite 102 Boise, ID 83705

I understand and agree to the following (Please Initial):

___ I grant permission for a volunteer from PEER Wellness Center to call or text me weekly on the above telephone number and/or touch base with me via email to support me in my recovery.

___ Each time the PEER Volunteer calls, he/she will be asking me how my recovery is progressing and if I am in need of additional support meetings in area, safe/sober housing, social events and/or other resources.

___ At the time of a call, if I am in need of a referral to a treatment program or detox unit, I will be assisted in finding a program, if I so desire.

___ Yes! Please send a text reminder of support groups and events at PEER Wellness Center.

___ If at any time I decide not to take part in this service, I will call PEER Wellness Center at 208 991 3681.

_____ **Date/ Signature of Peer Recoveree**