

Peer Supporters [PEER]

Funded Agency _____ Year _____

Reporting is for the month of: ___ Jan ___ Mar ___ May ___ Jul ___ Sep ___ Nov
 ___ Feb ___ Apr ___ Jun ___ Aug ___ Oct ___ Dec

(Information is due for each month on the 10th of the following month – i.e., data for January is due by February 10)

Project Name:	Funds:	Funded Agency:
Measure	Data	Data Source
Number of calls/requests for peer supporter		
Number of persons seen		
Number that initiate treatment services		
Number that initiate recovery support (non-peer)		