



Youth MOVE New Hampshire (YMNH) defines their model of youth peer support as a service provided by a young person who is trained to strategically use their own lived experiences **to inspire other young people to take action towards creating better outcomes for their future**. YMNH's model of youth peer support was created to specifically address the psychological and developmental needs of **transition-aged youth and young adults (13-25)**. The needs of this age group are different from those of younger adolescents and older adults. Youth Peer Support Specialists (YPSS) are trained to **inspire hope** for other young people who are currently in similar circumstances by sharing their lived experiences in a way that highlights healthy lifestyle changes and resources that they found to better cope with their struggles and overcome the barriers that they were faced with, without ever straying into an attitude of "knowing better" or being in some way above the youth they support. YPSS help young people to develop and hone their own voices and advocacy skills to open channels of communication between family members, natural supports, and other providers who are involved in futures planning.

**\*\*It is important to note here that not every young person will desire and/or benefit from Youth MOVE New Hampshire's model of youth peer support, which is why it is just one service option among an array of other services that are offered statewide.\*\***

**Referral Source name & Phone Number:** \_\_\_\_\_

**Please check the box below that best identifies the program where the young person is receiving services:**

**Monadnock** ☐ – **Fast Forward** ☐ – **DCYF Expansion** ☐ – **Region 2 IDN ECC** ☐ – **Fast Forward 2020** ☐

**Youth Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Preferred Pronouns/Gender Identity:** \_\_\_\_\_ **Gender on Insurance Coverage:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Contact Phone:** \_\_\_\_\_

**Legal Guardian Name:** \_\_\_\_\_

**Primary Language:** \_\_\_\_\_

**Family dynamic (parents, grandparents, caregivers, siblings):** \_\_\_\_\_

Referrals can be submitted either by faxing to 603-746-7544, encrypted email to [youthmovenh@nafi.com](mailto:youthmovenh@nafi.com), or using BOX shared folders.

A Youth Peer Support Specialist will contact you within two days. If you don't hear from us within two days, please feel free to follow up with Hannah Raiche via email: [hannahraiche@nafi.com](mailto:hannahraiche@nafi.com).

1. If the young person is engaged in Wraparound services, where is their team at in the wraparound process with the young person and/or family?
2. Does the family and young person understand that Youth Peer Support is an option as a part of Fast Forward, Monadnock Wraparound Services, DCYF Expansion, Region 2 IDN ECC, and/or Fast Forward 2020?
3. Has the young person expressed that they want to receive Youth Peer Support? Have they been given information about the function and purpose of Youth Peer Support?
4. Does the young person have a preference about the gender of their Youth Peer Support Specialist?  
(\*\*Please note that their preference can't always be accommodated)
5. Does this young person currently participate and/or advocate for themselves during team meetings?
6. As the person referring, why do you feel that Youth Peer Support would benefit this young person and help them to accomplish their goals?
7. Is the young person currently in school? If so, what school and grade?
8. What is their typical weekday availability?
9. Has the young person or care team identified any triggering situations or words that I should be made aware of?
10. What are some of the youth's interests/hobbies?
11. Is there anything else you think it would be important for the YPSS to be aware of before the first visit?

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