

Judy Schmidt, MSN, DHA(c) RN, CCRN
Chief Executive Officer

Terri Ivory-Brown, MSN, RN
RAMP Director

Visiting Peer Support Group Attendance

Participant's Name _____ Case ID# _____

Home Group Information

Home Peer Support Group _____

Home Group Peer Facilitator's Name(s) _____

Date of Missed Home Group Meeting _____

Visiting Peer Group Information

Visiting Peer Support Group _____

Visiting Peer Facilitator's Name(s) _____

Date of Visiting Group Meeting Attended _____

Comments _____

Participant's Signature _____

Date _____

Visiting Facilitator's signature _____

Date _____

Home Group Facilitator's Signature _____

Date _____