



Mental Health Association of Franklin and Fulton Counties

478 Grant Street
Chambersburg, PA 17201
Phone: 717-264-4301
Fax: 717-264-3591

Expected Funding Source	
County	<input type="checkbox"/>
MA	
Diversion	<input type="checkbox"/>
HUD 1	<input type="checkbox"/>
HUD 2	<input type="checkbox"/>

Adult
Peer Support Services Referral Form

Date _____

Individual Being Referred _____

DOB: _____ Social Security Number: _____

Phone _____ Best time to contact _____

Address _____

I give my permission to have my name and contact information released to the Mental Health Association of Franklin and Fulton Counties so that I may be contacted to discuss participation in Peer Support Services.

Printed Name

Signature

Person Making Referral _____

Agency: _____

Phone _____

FOR OFFICIAL USE ONLY	
Date Received	_____
Peer Specialist Assigned	_____
Revised 11-10-11	