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	☐
MA	☐
Diversion	☐
HUD 1	☐
HUD 2	☐

Peer Support Services Referral Form
Youth and Young Adult

Date _____

Individual Being Referred _____

DOB: _____ Social Security Number: _____

Phone _____ Best time to contact _____

Address _____

_____

Parent/Guardian Name: _____

I give my permission to have my name/ my child's 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