



Mental Health Association of Franklin and Fulton Counties

144 South 8th St., Suite 111

Chambersburg, PA 17201

Phone: 717-264-4301

Fax: 717-264-3591

Expected Funding Source

County

MA

Diversions

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 _____