PENN-MAR HUMAN SERVICES

Service Referral Form

Please complete the information below. Unless you have been directed to a specific representative, email this to jhouseholder@penn-mar.org or fax to 410-343-1770. A PMHS representative will contact you promptly regarding your referral.

INFORMATION:			
Name		**Date of Birth**	
What type of services is the applicant interested in? (Check All that Apply Applicant)			
☐Personal Supports (West location only) ☐Respite	☐Day Habilitation (Central location only) ☐Community Development Services	☐Community Living ☐Supported Living ☐Shared Living	☐ Employment Supports ☐Peer / Family Mentoring ☐Other (Specify):

What support needs are you looking for Penn-Mar to provide?

What skills and abilities do you have?

What interests do you have?

What natural supports are involved in your life?

Do you require any special accommodations?

Summary of Disability/Diagnosis:

Name of Referral Contact		**Relationship**		
Referral Contact Phone		**Referral Contact Email**		
Where are your needs currently met?	☐School, TY Year:	☐New to Services	☐Adult Agency (specify):	
Funding for Services?	☐ Community Pathways ☐ Family Supports ☐ Community Supports ☐ State Only Funds ☐ Other (Specify):			
Address				
City, State, ZIP		County		
With whom do you live?	☐Residential Provider (specify):	☐Family	☐Independently	☐Other Caregiver (specify):
Family/Caregiver Name(s)				
Primary Phone		☐cell ☐home ☐work		
Email				
Coordinator of Community Services	CCS name	CCS E-mail	CCS Phone	
Date form was submitted:				