



### Service Referral Form

Please complete the information below. Unless you have been directed to a specific representative, email this to [jhouseholder@penn-mar.org](mailto: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		
<b>What type of services is the applicant interested in? (Check All that Apply Applicant)</b>			
<input type="checkbox"/> Personal Supports (West location only)	<input type="checkbox"/> Day Habilitation (Central location only)	<input type="checkbox"/> Community Living	<input type="checkbox"/> Employment Supports
<input type="checkbox"/> Respite	<input type="checkbox"/> Community Development Services	<input type="checkbox"/> Supported Living	<input type="checkbox"/> Peer / Family Mentoring
		<input type="checkbox"/> Shared Living	<input type="checkbox"/> Other (Specify):
<b>What support needs are you looking for Penn-Mar to provide?</b>			
<b>What skills and abilities do you have?</b>			
<b>What interests do you have?</b>			
<b>What natural supports are involved in your life?</b>			
<b>Do you require any special accommodations?</b>			
<b>Summary of Disability/Diagnosis:</b>			
<b>Name of Referral Contact</b>	<b>Relationship</b>		
<b>Referral Contact Phone</b>	<b>Referral Contact Email</b>		
<b>Where are your needs currently met?</b>	<input type="checkbox"/> School, TY Year:	<input type="checkbox"/> New to Services	<input type="checkbox"/> Adult Agency (specify):
<b>Funding for Services?</b>	<input type="checkbox"/> Community Pathways	<input type="checkbox"/> Family Supports	<input type="checkbox"/> Community Supports
	<input type="checkbox"/> State Only Funds	<input type="checkbox"/> Other (Specify):	
<b>Address</b>			
<b>City, State, ZIP</b>	<b>County</b>		
<b>With whom do you live?</b>	<input type="checkbox"/> Residential Provider (specify):	<input type="checkbox"/> Family	<input type="checkbox"/> Independently
			<input type="checkbox"/> Other Caregiver (specify):
<b>Family/Caregiver Name(s)</b>			
<b>Primary Phone</b>	<input type="checkbox"/> cell <input type="checkbox"/> home <input type="checkbox"/> work		
<b>Email</b>			
<b>Coordinator of Community Services</b>	CCS name	CCS Email	CCS Phone
<b>Person Completing Form:</b>	<b>Date form was submitted:</b>		