

17 Pine Street
Towanda, PA 18848
570-265-0620
fax: 570-265-4302



Peer Support Referral

Peer Support Services are available only to individuals 14 years or older diagnosed with serious and persistent mental illness or individuals that have a moderate to severe functional impairment that interferes with or limits performance in at least one of the following areas: educational, social, vocational or self-wellness.

Individuals receiving peer support need to have a signed letter of medical necessity from a practitioner of the healing arts (physician, physician's assistant, certified registered nurse practitioner and psychologist).

Adolescent Adult Date: _____

Consumer's Name: _____

Address: _____

If applicable, parent(s)/guardian name: _____

Telephone: _____ DOB: _____ Age: _____ Sex: _____

S.S# _____ M.A.# _____

Referral completed by: _____

Agency: _____ Number: _____

Mental Health Diagnosis Code: _____ Are you currently in services? Y N

Please include the names of the following service providers:

Primary Care Physician: _____

Community Health Liaison:

Mental Health Provider(s):

Intellectual Disability:

Targeted Case Management:

Community Services:

Allied Supportive Living Services:

Probation Parole: _____

Reason for Referral (please include impairments relating to mental illness):

**Instructions: Referrals should be forwarded to The Main Link 17 Pine St. Towanda,
18848 attn: Mark Beauchemin or FAX: 570-265-4302**

**Peer Support Workers are individuals in recovery who have experienced mental health difficulties and are employed to work with others on recovery and wellness goals and community integration activities. They serve as role models who demonstrate that recovery is possible.*

OFFICE USE ONLY
Contact Record

Date	Time	Notes: