AURORA RECOVERY

363 3rd St
Beaver, PA 15010

Phone: 724.775.2298
Fax: 724.774.7603

Website: www.bcrc.net
Email: aurora@bcrc.net

Aurora Rehabilitation Application for Services
Peer Support

APPLICANT INFO

Name: _____ Date of Referral: _____

Address: _____ Date of Birth: _____

_____ MA Number: _____

_____ MH/MR Number: 041- _____

Phone Number: _____ Social Security #: _____

REFERRAL INFO

Referred By: _____ Case Manager: _____

Agency: _____ Phone Number: _____

Type of Referral

Telephone Call ☐
Walk In ☐
Fax ☐

For Aurora Use Only

Initial EVS Date: _____
Status: _____
Carrier: _____

Area(s) of my life that I would like to change, Ex., current living, learning, working, or social environments:

_____

_____

Do you believe that you can change current living, learning, working or social environments: YES or NO

Explain: _____

_____

_____ _____

Person Receiving Services Signature Date

Time arrived _____ **Time Forms Completed** _____ **Time Intake began** _____