



**Mental Health Association in Beaver County**  
**105 Brighton Ave., Rochester, PA 15074**  
**Phone: 724-775-4165 Fax: 724-775-8523**  
**Peer Support Services**

**Application for Peer Support Services**

Agency Application \_\_\_\_\_ Self Application \_\_\_\_\_

**Participant Information:**

**Name:** \_\_\_\_\_ **Date of Referral:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

\_\_\_\_\_ **MA Number:** \_\_\_\_\_

\_\_\_\_\_ **Social Security #:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

May we leave a voicemail **YES** **NO**

**Referred by:** \_\_\_\_\_

**Agency:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Area(s) of wellness participant would like to improve while working with a Certified Peer Specialist:**

*(Wellness Dimensions- Social, Emotional, Physical, Intellectual, Spiritual, Occupational, Environmental, Financial)*

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Do you believe you will benefit from peer support services? **YES** **NO**

\_\_\_\_\_  
**Signature of Applicant** **Date**

\_\_\_\_\_  
**Signature of Referring Individual** **Date**