



**Public Health**  
Prevent. Promote. Protect.  
Somerset County  
Health Department

# Somerset County Health Department

8928 Sign Post Road, Suite 2, Westover, Maryland 21871

443.523.1700 · Fax 410.651.5680 · TDD 1-800-735-2258

Health Officer Danielle Weber MS, RN

## Re-Entry Admission Form

Date: \_\_\_\_\_

Client ID#: \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: **M F**

Applicant Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

### Client Needs (Check all that apply)

Job Training  Social Services / Benefits  Food Assistance

Employment  Medical Services  Childcare

Educational Services  Mental Health Services  Tax Assistance

Life Skills Services  Energy Assistance  Other: \_\_\_\_\_

Housing / Rental Assistance  Prescription Assistance \_\_\_\_\_

### Collateral Contact Information

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**LBHA Use Only****Referral Information**

Re-entry Coordinator: \_\_\_\_\_ Enrollment Date: \_\_\_\_\_

Referral Source: \_\_\_\_\_ Referred by: \_\_\_\_\_

**Aftercare Planning**

Peer Support Specialist: \_\_\_\_\_

Recovery Housing Program Name: \_\_\_\_\_

Address: \_\_\_\_\_ House Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Entry Date: \_\_\_\_\_ Move Out Date: \_\_\_\_\_

Treatment Center Name: \_\_\_\_\_

Address:  
\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Peer Support Specialist Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Re-Entry Coordinator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please Return this referral to the  
Somerset County Health Department  
8928 Sign Post Rd, Westover, MD 21871  
Phone: 443-523-1700 Fax: 410-651-3189