



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

Peer Support 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