

Crawford County Mental Health Awareness Program, Inc.

(CHAPS)

944 Liberty Street ~ Meadville, PA 16335 ~ (814) 333-2924 ~ Fax: (814) - 337-0008

Phone Walk-in

CHAPS Referral Form

DATE: _____

The following CHAPS service(s) are being requested: _____ Fairweather Lodge _____ Housing Programs / PATH
_____ Site Based Psychiatric Rehabilitation – (Clubhouse) _____ Drop in Center _____ Transitional Housing
_____ Mobile Psychiatric Rehabilitation – MPR _____ Certified Peer Support Services _____ Rep Payee/Money Management

Name: _____ **Date of Birth:** _____
First Middle Last

Address: _____ **S.S. #:** _____

Phone: (____) _____ **Email address:** _____
Permission to Text? _____

MA number: _____ **Other medical insurance:** _____

Referred by: _____ **Agency:** _____ **Phone:** (____) _____

Alternate Contact Person: _____ **Phone:** (____) _____

Persons in the Household:
Name _____ Relationship _____ D.O.B./SS # _____
Name _____ Relationship _____ D.O.B./SS # _____
Name _____ Relationship _____ D.O.B./SS # _____
Name _____ Relationship _____ D.O.B./SS # _____

Mental Health Provider: _____
Currently in Treatment: ___ Yes ___ No **Diagnosis (if known):** _____

Income:(source) _____ **Amount:** _____
(source) _____ **Amount:** _____
Food Stamps: _____ **Child Support:** _____ **TANF:** _____

Veteran ___ Yes ___ No **Years Enlisted:** _____

Brief Summary of concern/need and support being requested: _____

Services Presently Receiving (please list Provider Name and Phone No): _____

Other relevant information which would be helpful to know: _____

Are you literally homeless (shelter or streets)? _____ Due to domestic violence? _____

***Refer DV consumers to Women's Services to have the VI-SPDAT Assessment.**

Are you near homeless (double up/being evicted)? _____ If yes, please explain _____

Where will you stay tonight? _____

Homeless Verification Attached: ___ Yes ___ No

Last Permanent Address: _____

Reason for Leaving: _____

Current and Previous Landlords: _____

Have you ever lived in public housing? _____ Where: _____

Do you owe debt to public housing? ___ Yes ___ No Amount Owed: _____

Debt to Utility Companies: Gas _____ Electric _____ Water _____

Monthly Expenses: Current Rent _____ Utilities: _____

Car Pym. _____ Car Insurance _____ Cell Phone: _____

Child Support _____ Other: _____

Do you have food? _____

Criminal History: _____

Paying Fines: _____

Any outstanding warrants: _____

Physical Health Concerns: _____

Do you need to see a doctor?: _____

Mental Health Concerns: _____

Do all household members have birth certificates? ___ Yes ___ No *If not, who is in need? _____

Do all household members have social sec. cards? ___ Yes ___ No *If not, who is in need? _____

Do all adults have current photo ID/driver's license? ___ Yes ___ *No If not, who is in need? _____

Do you have pets? ___ Yes ___ No If yes, explain? _____

Additional Comments: _____

***Worker Signature/Date:** _____

CONTACT NOTES / DATES:
