

**THE MENTAL HEALTH ASSOCIATION IN BEAVER COUNTY**

**105 Brighton Ave.  
Rochester, PA 15074**

**Phone: 724-775-4165 Fax: 724-775-8523**

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

*May we leave a message if unable to reach you? YES NO*

Referred By: \_\_\_\_\_

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

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

<b>For MHA Use Only</b>	
Initial EVS Date:	_____
Status:	_____
Carrier:	_____
Type of Referral: Telephone Call Fax Walk In	
_____	
_____	
_____	

**Area(s) of participants' life that need to change:**

*Ex: Current Living, Learning, Working, Social, Self-Maintenance (Health & Wellness):*

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

Do you believe that you can change this: Yes or No

Please Explain: \_\_\_\_\_

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

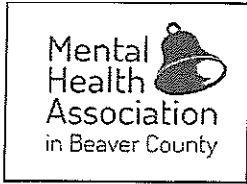
\_\_\_\_\_  
Person Receiving Services Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Referring Persons' Signature

\_\_\_\_\_  
Date





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

Practitioner of the Healing Arts Recommendation

Peer Support Services are specialized therapeutic interactions conducted by self-identified current or former participants of behavioral health services who are trained and certified to provide support and assistance in helping others in recovery, age 18 or older, with a Serious Mental Illness. Peer services are intended to inspire hope in individuals that recovery is not only possible, but probable.

I, \_\_\_\_\_ CREDENTIALS: \_\_\_\_\_
Providers name- Please Print

\*\*Provider must be must be a Practitioner of the Healing Arts as defined by:

OMHSAS-Provider Handbook for Psychiatric and Partial Hospitalization Services, Section II-Peer Support Service Standards
A: PSS Definitions LPHA-Licensed Practitioner of the healing arts (i)A person licensed by the Commonwealth to practice the healing arts (ii) The term is limited to a:

Physician
Psychologist

Physician's Assistant
Certified Registered Nurse Practitioner

Recommend \_\_\_\_\_
Participant's Name D.O.B.

For Peer Support Services provided through The Mental Health Association in Beaver County.

\_\_\_\_\_
Diagnosis Code

Please describe the above named persons Functional Impairment caused by their Mental Illness: (required)
(Examples: Issues with Living, Learning, Working, Social, Self-maintenance)

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

\_\_\_\_\_  
Practitioner's Signature and Credentials Date

PLEASE CIRCLE appropriate credential: PHYSICIAN PA PSYCHOLOGIST CRNP