

# Aurora Rehabilitation Application for Services

## Peer Support

363 Third Street  
Beaver, PA 15009  
Phone: (724) 775-2298 Fax: (724) 774-7603

### APPLICANT INFO

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

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

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

\_\_\_\_\_  
MH/MR Number: 041- \_\_\_\_\_

Phone Number: \_\_\_\_\_ Social Security #: \_\_\_\_\_

### REFERRAL INFO

Referred By: \_\_\_\_\_ Case Manager: \_\_\_\_\_

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

### Type of Referral

Telephone Call

Walk In

Fax

### For Aurora Use Only

Initial EVS Date: \_\_\_\_\_

Status: \_\_\_\_\_

Carrier: \_\_\_\_\_

Area(s) of my life that I would like to change, Ex., current living, learning, working, or social environments:

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

Do you believe that you can change current living, learning, working or social environments: YES or NO

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

\_\_\_\_\_

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

\_\_\_\_\_  
Date

Time arrived \_\_\_\_\_ Time Forms Completed \_\_\_\_\_ Time Intake began \_\_\_\_\_