

**Crawford County Mental Health Awareness Program, Inc.**  
**(CHAPS)**  
**944 Liberty Street ~ Meadville, PA 16335 ~ (814) 333-2924 ~ Fax: (814) 337-0008**

**CHAPS Referral Form for Transition Age Youth/Family Services**

Date of Referral \_\_\_\_\_

The following CHAPS service(s) are being requested:

- \_\_\_ **Pathfinders - Site Based Psychiatric Rehabilitation Program (ages 14-17 years old, or 18 if currently enrolled in high school)**  
\_\_\_ **Compass - Certified Peer Specialist Program (ages 14-18 years old)**  
\_\_\_ **Youth Housing (ages 18-24)**

Individual's/Family's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Preferred Gender Pronoun/Name: \_\_\_\_\_ Phone (Home): \_\_\_\_\_

Address : \_\_\_\_\_ (Cell): \_\_\_\_\_

Best Way to Contact: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

SSN: \_\_\_\_\_ MA #: \_\_\_\_\_ Other Medical Insurance: \_\_\_\_\_

Primary Care Physician (PCP) Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Mental Health Provider: \_\_\_\_\_ Diagnosis (if known): \_\_\_\_\_

If currently attending school, which school and what grade/level?: \_\_\_\_\_

Other Services/Supports Presently Receiving: \_\_\_\_\_

Alcohol and/or Substance Use (History and Current): Y/N \_\_\_\_\_

Trauma History: Y/N \_\_\_\_\_

Criminal Justice Involvement: (History and Current): \_\_\_\_\_

**Reason for Referral**

Please provide a brief summary of concern/need and support being requested: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Referral Signature \_\_\_\_\_

Date \_\_\_\_\_

Participant Signature (if present) \_\_\_\_\_

Date \_\_\_\_\_

Referring Agency/School/Program & Telephone Number \_\_\_\_\_

**Please provide any additional information:**

1. Present living situation (persons in the household, etc.)?

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2. What activities/hobbies/clubs/sports does the individual/family enjoy?

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3. Please describe the individual's/family's strengths and, if known, personal goals.

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4. Please share any additional information that may be helpful for us to know in order to best serve the individual/family.

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**CONTACT INFO:**

**PATHFINDERS/COMPASS**

Doreen Duffy  
Phone: 814-373-5078  
Fax: 814-337-0008  
Email: dduffy@chapsinc.org

**YOUTH HOUSING**

Sandy Farkas  
Phone: 814-373-5082  
Fax: 814-337-0008  
Email: cfarkas@chapsinc.org