

Center for Community Resources
95 West Beau Street, Suite 115
Washington, PA 15301
Phone: 724-914-3058 / Fax: 724-222-1765

Request for Intake / Service

Date: _____

Name: _____

Address: _____

D.O.B.: _____ S.S. #: _____

Race: _____ Ethnicity: _____ M/F/LBBQTAI _____

Marital Status: _____ Military History: _____ Employment Status: _____

County of Residence: _____

Telephone #: _____ Alternative #: _____

Insurance: _____ I.D. # _____

Primary Diagnosis: _____

Secondary Diagnosis: _____

MHX Number: _____

Emergency Contact Name: _____

Telephone Number: _____ Relationship: _____

Request for BSU Intake: _____

Request for BSU Intake, needs referred to BCM: _____

Request for BCM Referral (individual is already established in the BSU): _____

Referring Agency: _____ **Staff Name:** _____