

AURORA SOCIAL REHABILITATION SERVICES

<p align="center"><i>Cumberland County Location</i> <i>104 W. Main Street</i> <i>Mechanicsburg PA 17055</i> <i>Phone 717-232-6675</i> <i>Fax: 717-7; 3/35: 7</i></p>	<p align="center"><i>Perry County Location</i> <i>8401 Spring Rd. Suite 2</i> <i>New Bloomfield PA 17068</i> <i>Phone 717-232-6675</i> <i>"Fax 717-7; ;/6427</i></p>
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Please Complete All Applicable Information

Client Name: _____ BSU#: _____ Case Manager: _____

Case Mngr. Phone: _____ Cell Phone: _____ Email: _____

Requested Service: Social Rehabilitation: _____

DOB: _____ Gender: _____ Primary Language: _____

Consumers Home Address/Phone: _____ Phone Number: _____

Referring Agency: _____ Base Service Unit: NHS _____ Holy Spirit _____

Referral Made by: Title _____ Phone: _____ Cell: _____

Emergency Contact Name: _____ Phone: _____ Cell: _____

Guardian Info. (If applicable): _____

Group Home: _____ Email: _____ Phone: _____

Transportation: _____ Method of Transportation: _____

(Aurora does not provide transportation. Consumer, Guardians, CRR, Personal Care, SCR, LTSR or Referring Agency. Staff must provide transportation in the event of illness and or required pick-up.)

Client History (please be specific; offer details on reverse side if needed)

Primary Diagnosis: _____

Secondary Diagnosis: _____

Recent Hospitalizations: _____ Date: _____

_____ Date: _____

Incidents of Violence: _____ Date: _____

_____ Date: _____

_____ Date: _____

Incidents of Incarceration: _____ Date: _____

_____ Date: _____

Client Medical Needs

Current Medications: _____

Special Medical Conditions (i.e. seizures): _____

Allergies/dietary needs: _____

History of Substance Abuse: _____

Physical Challenges/Special Accommodations: _____

Personal Information

Legally Competent: _____ Financially Competent: _____

Living Arrangements: Alone ___ CRR ___ SCR ___ Personal Care ___ LTSR ___ Other ___

Marital Status: _____ Number of Children: _____

Employment History: _____

Special Interest or Hobbies: _____

Referral Goals for Client: _____

_____/_____
Referrer's Signature **Date**

Base Service units, Case Managers and Support may contact each center for an immediate Tour and Orientation.

Contact Information:

Cumberland County: Program Coordinator Kim Weirich: kweirich@auroraservices.org _____

Perry County: Program Coordinator Megan Stewart: mstewart@auroraservices.org

Psychiatrist and/or Therapist wanting to refer a consumer should contact a Base Service Unit (BSU) to secure the consumers BSU number or refer the consumer to one of the two BSU's. Service will not be provide until the consumer is active with a BSU.

Holy Spirit Behavioral Health Center

503 N. St.
Camp Hill, PA 17011
717.763.2219

NHS The Stevens Center

33 State St.
Carlisle, PA 17013
717.243.6033 or 888.243.6033