

## AURORA SOCIAL REHABILITATION SERVICES

<b><i>Cumberland County Location</i></b> <b><i>104 W. Main Street</i></b> <b><i>Mechanicsburg PA 17055</i></b> <b><i>Phone 717-232-6675</i></b> <b><i>Fax: 717-7; 3/35: 7</i></b>		<b><i>Perry County Location</i></b> <b><i>8401 Spring Rd. Suite 2</i></b> <b><i>New Bloomfield PA 17068</i></b> <b><i>Phone 717-232-6675</i></b> <b><i>"Fax 717-7; /6427</i></b>
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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:** Megan Stewart Social Rehabilitation. [mstewart@auroraservices.org](mailto:mstewart@auroraservices.org).

**Perry County:** Program Coordinator Megan Stewart: [mstewart@auroraservices.org](mailto: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