



629 North Market Street
Lancaster, PA 17603

Phone: (717) 392-8536 Fax: (717) 392-7697

The following form is designed to obtain pertinent information about potential members of Arch Street Center. To avoid delay, please provide all requested information:

- Return this form to Arch Street Center Director (fax to 717-392-7697 or email to susan@archstreetcenter.org)
- Include signed copy of Release of Information
- Inform applicant to contact the Center (call 717-392-8536) to schedule an intake interview

Referrals are valid for a period of three months

Date: _____

Name: _____

Address: _____

Phone: _____ Birthdate: _____

Email: _____ Veteran: Yes No

MH/MR/EI BSU#: _____

Living Arrangement: _____

Diagnosis: _____

Psychiatric Hospitalization Most Recent Dates & Where: _____

Signs of Regression: _____

Present Medications & Pertinent Medical Information: _____

Allergies: Yes No

If Yes, please list: _____



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Legal Involvement: Yes No

If Yes, elaborate on charges: _____

Name of Probation Officer: _____

Substance Abuse: Yes No

If Yes, please elaborate: _____

History of Violence: Yes No

If Yes, please elaborate (toward self, others, property): _____

Strengths & Interests: _____

Additional Information: _____

Emergency contact:

Name: _____

Address: _____

Phone: _____

Email: _____

Relationship: _____

Referral Source:

Name: _____

Address: _____

Phone: _____

Email: _____