

Unlimited Potential
SARATOGA COUNTY PEER SUPPORT SERVICES
36 Cady Hill Blvd., P. O. Box 4656, Saratoga Springs, NY 12866
Office, 518.587.2851 Warm Line, 518.581.9809 Fax, 518.587.4367

APPLICATION FOR PEER SUPPORT SERVICES

Name _____

Address _____

Home phone _____ Cell phone _____

Therapist _____ Last appointment _____

Psychiatrist _____

Primary care physician _____

Care manager or case worker _____

Type of benefits receiving, please circle all that apply:

HUD SNAP SSI SSD Public Assistance

Other benefits _____

Are you connected with Transitional Services Association Inc.? Yes ____ No ____

If you answered "yes," please circle the services that you are receiving:

Housing Care Management RISE Support Services

Are you currently in alcohol or substance abuse treatment? Yes ____ No ____

What types of Peer Support services are you looking for?

- | | |
|--|---|
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Budgeting assistance |
| <input type="checkbox"/> General support | <input type="checkbox"/> Organizing your schedule |
| <input type="checkbox"/> Medical advocacy | <input type="checkbox"/> Assistance with scheduling appointments |
| <input type="checkbox"/> Medication management | <input type="checkbox"/> Assistance with transportation to appointments |
| <input type="checkbox"/> Advocacy | <input type="checkbox"/> Connecting to/navigating county services |

Other _____

How did you hear about our services? Therapist ____ Friend ____

Other _____

Signature _____

Date _____

Please mail this form to:
Tracy McIntyre
Community Specialist
P.O. Box 4656
36 Cady Hill Blvd.
Saratoga Springs, New York 12866

Or fax to 518.587.4367, Attn. Tracy McIntyre

If you have any questions, please contact Tracy McIntyre at 518.587.2851 or
Tracy.McIntyre@northernrivers.org.