



**Public Health**  
Prevent. Promote. Protect.  
Somerset County  
Health Department

**Somerset County Health Department**  
8928 Sign Post Road, Suite 2, Westover, Maryland 21871  
443.523.1700 · Fax 410.651.5680 · TDD 1-800-735-2258

Health Officer Danielle Weber MS, RN

## Re-Entry Admission Form

Date: \_\_\_\_\_ Client ID#: \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: **M F**

Applicant Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

### Client Needs (Check all that apply)

Job Training       Social Services / Benefits       Food Assistance

Employment       Medical Services       Childcare

Educational Services       Mental Health Services       Tax Assistance

Life Skills Services       Energy Assistance       Other:

Housing / Rental Assistance       Prescription Assistance \_\_\_\_\_

### Collateral Contact Information

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**LAA Use Only**

**Referral Information**

Re-entry Coordinator: \_\_\_\_\_ Enrollment Date \_\_\_\_\_

Referral Source: \_\_\_\_\_ Referred by: \_\_\_\_\_

**Aftercare Planning**

Peer Support Specialist: \_\_\_\_\_

Recovery Housing Program Name: \_\_\_\_\_

Address: \_\_\_\_\_ House Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Entry Date: \_\_\_\_\_ Move Out Date: \_\_\_\_\_

Treatment Center Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Peer Support Specialist Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Re-Entry Coordinator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please Return this referral to the  
Somerset County Health Department – Wellness & Recovery Center  
11674 Somerset Avenue, Princess Anne, Maryland 21853  
Phone: 410-621-5739 FAX: 410-621-5426