



According to our contract with The Department of Health & Human Services, the following is a definition of individuals who may utilize our Peer Support Centers:

“...any individual, 18 years of age or older, who self identifies as a recipient, former recipient, or is at significant risk of becoming a recipient of publicly funded mental health services.”

MEMBER INFORMATION FORM

Please Print...

Name: _____ Gender: _____ M _____ F _____ O

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

County: _____ E-mail Address: _____

Date of Birth: _____

Race/Ethnicity _____

Would you like to receive a newsletter? (Y/N) _____ E-mail or _____ Post

I have been advised of my rights and have received a copy of He-M 315. I pledge to abide by the Guidelines of the Monadnock Area Peer Support Agency.

Signature

Date

