



# MERRIMACK COUNTY HUMAN SERVICES

## COUNTY NAVIGATOR REFERRAL FORM

Please send completed forms to: [referrals@mchumanservices.net](mailto:referrals@mchumanservices.net)

Date of Referral: \_\_\_\_\_ ***Please make sure Client is aware of referral before sending***

**Client Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

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

**City/State:** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Gender:**  Male  Female  Non-Binary

**Contact Person (if different from above):** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Relationship to Client** \_\_\_\_\_

**REASON(S) FOR REFERRAL:** \_\_\_\_\_

---

---

---

---

---

---

---

---

**Referring Agency:** \_\_\_\_\_

**Referring Person/Title:** \_\_\_\_\_

**What resources is the Client already connected to:**

1. Program Name: \_\_\_\_\_

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

2. Program Name: \_\_\_\_\_

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

3. Program Name: \_\_\_\_\_

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

**Additional Information and Notes:** (Please indicate any important dates such as discharge or release dates, meeting dates, etc.):

---

---

---

---

***\*\*Please send a signed release of information along with your referral\*\****

Merrimack County Human Services  
Address: 163 North Main Street, Suite 102, Concord NH, 03301 Phone: 603-796-6880  
Submit by email: [referrals@mchumanservices.net](mailto:referrals@mchumanservices.net)