



MERRIMACK COUNTY HUMAN SERVICES

COUNTY NAVIGATOR REFERRAL FORM

Please send completed forms to: 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 Persons Title, Contact number and Email: _____

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.):

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