



# *Families United Network*

Building a Better Tomorrow for Children and

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Administration Office  
276 Ashler Manor Drive, Muncy, PA 17756  
Phone: 570-546-6777 Fax: 570-546-8898

Family Peer Support  
48 S. Washington Street, Wilkes-Barre, PA 18701  
Phone: 570-285-5204

## **Family Peer Support Referral Form**

Family Peer Support (FPS) is a non-clinical service being offered to families of transition-aged youth in Luzerne and Wyoming Counties. FPS will assist families to build on their strengths to achieve desired outcomes. Our goal is to increase the youth's ability to function better in the home, school, and community by educating parents/caregivers, connecting them to different resources, and assisting with problem-solving.

The FPS team has experience raising a child(ren) with a mental health diagnosis and can relate to the families they work with by helping the parent/caregiver foster acceptance and understanding of their youth's needs.

FPS serves as a role model demonstrating how to have effective relationships, interactions, and behaviors. FPS will share their own experiences as needed to establish a bond based on similar experiences.

FPS helps families gain the knowledge, skills, and confidence to effectively manage their own needs and move to more family independence.

This service will be available to families who need guidance with transition-aged youth ages 16-25 years old.

For more information or questions regarding Family Peer Support Services, please contact:

Bobbi Jean Bair  
Family Peer Program Director  
570-285-5204  
Bbair@Families4kids.org  
www.Families4kids.org

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Foster Care & Adoption Offices

North Central – Harrisburg-North West  
Mount Joy - Scranton - Western

Residential Services

Ashler Manor  
Arborvale Manor

## **Family Peer Support Referral Form**

Referral Source \_\_\_\_\_  
Referral Contact Information \_\_\_\_\_  
Family Name: \_\_\_\_\_  
Caregiver: \_\_\_\_\_  
Identified Youth Name: \_\_\_\_\_  
Identified Youth Date of Birth: \_\_\_\_\_  
Identified Youth Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email Address \_\_\_\_\_  
Current Agency/System Involved: \_\_\_\_\_

Does the identified youth have Medical Assistance (MA) insurance?  Yes  No  
If *No*, would you like assistance in getting MA insurance?  Yes  No

Please provide a summary of the reason for the referral.