

Child's Name: _____ MAID #: _____ Today's Date: _____

Please choose the in network provider you wish to receive BHR services from if these services are approved. Each provider that is in network and approved by the County in which you/your child's medical assistance is registered is listed. **Circle to clearly indicate choice –Please pay attention to age ranges. NOTE: If you have primary commercial insurance and the services are for Autism Spectrum Disorder, these services may be covered under Pa. Act 62. Please check with your primary insurance for coverage and choose a provider who participates in your commercial insurance network and PerformCare.**

Cumberland County	Ages	Perry County	Ages	Dauphin County	Ages	Lancaster County	Ages	Lebanon County	Ages
~ Franklin Family Services P: 717-243-6500 F: 717-267-2316	0-21	~ Franklin Family Services P: 717-243-6500 F: 717-267-2316	0-21	* ~ Community Services Group (ETC) P: 717-920-9434 F: 717-920-9197	TBD	~ Chester County IU #24 P: 717-617-2515 F: 717-617-2525	0-21	~ Chester County IU #24 P: 717-617-2515 F: 717-617-2525	0-21
~ Laurel Life (Manito) P: 717-243-1326 F: 717-243-0174	3-21	~ Laurel Life (Manito) P: 717-582-9922 F: 717-582-9924	3-21	* Holcomb Behavioral Health P: 717-757-1227 F: 717-757-1353	0-21	~ Concern P: 610-944-0445 F: 610-944-1196	3-21	~ NHS of Capital Region P: 717-236-7357 ext. 228 F: 717-236-2204	0-21
~ PA Counseling P: 717-249-3169 F: 717-243-5489	0-21	~ PA Counseling P: 717-249-3169 F: 717-243-5489	0-21	* ~ NHS of Capital Region P: 717-236-7357 ext. 228 F: 717-236-2204	0-21	~ PA Counseling P: 717-392-8485 F: 717-397-5290	0-21	~ PA Counseling P: 717-274-9682 F: 717-274-9549	0-21
~ Philhaven P: 1-888-328-9727 F: 717-901-3755 *Does not serve members past Carlisle area	Preschool (3) to 21	~ Stevens Center-NHS P: 1-888-243-6033 F: 717-243-0776	0-21	* ~ PA Counseling P: 717-526-4881 F: 717-671-9149	0-21	~ Philhaven P: 1-800-514-9159 F: 717-735-0999	Preschool (3) to 21	~ Philhaven P: 717-270-2498 F: 717-270-2444	Preschool (3) to 21
~ Stevens Center-NHS P: 717-243-6033 or 1-888-243-6033 F: 717-243-0776	0-21	~ TrueNorth Wellness Services P: 717-657-2080 F: 717-657-2290	2-21	* ~ Philhaven P: 1-888-328-9727 F: 717-901-3755	Preschool (3) to 21	~ PCBH P: 717- 560-2372 F: 717-560-2027	0-21	~ TW Ponessa P: 717-273-5992 F: 717-273-5995	2-21
~ TrueNorth Wellness Services P: 717-657-2080 F: 717-657-2290	2-21	~ Youth Advocate Programs P: 717-232-3786 F: 717-232-0924	0-21	* ~ Youth Advocate Programs P: 717-233-4027 F: 717-233-0155	2-21	~ TEAMCare P: 717-391-0172 F: 717-391-7771	0-21	~ Youth Advocate Programs P: 717-228-0935 F: 717-228-0939	0-21
~ TW Ponessa P: 717-386-5237 F: 717-386-5243	2-21			*TSS do not serve Upper Dauphin		~ TrueNorth Wellness Services P: 717-657-2080 F: 717-657-2290	2-21		
~ Youth Advocate Programs P: 717-232-3786 F: 717-232-0924	0-21			* ~ TrueNorth Wellness Services P: 717-657-2080 F: 717-657-2290	2-21	~ TW Ponessa P: 717-560-7917 F: 717-735-8916	2-21		
				* ~ Youth Advocate Programs P: 717-232-3786 F: 717-232-0924	0-21	~ Youth Advocate Programs P: 717-519-8723 F: 717-519-8726	0-21		

~ Indicates Providers who provide ABA services

* Indicates Providers that service Upper Dauphin Members

Member's Diagnoses: _____

Member Contact Information (Member & Parent/Guardian name/Contact #): _____

Special Needs of Member (i.e. hearing-impaired, seeing-impaired, ESL): _____ To which Provider was referral information sent: _____

Member/Parent/Guardian Signature: _____ Date: _____