

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
~ Family Behavioral Resources P: 717-496-8127 F: 717-504-8962	3-21	~ Family Behavioral Resources P: 717-496-8127 F: 717-504-8962	3-21	* ~ Community Svcs Group 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
~ 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	*~Family Behavioral Resourc P: 717-496-8127 F: 717-504-8962	3-21	~ Concern P: 610-944-0445 F: 610-944-1196	3-21	~ PA Counseling P: 717-274-9682 F: 717-274-9549	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	~ PA Counseling P: 717-392-8485 F: 717-397-5290	0-21	~ TW Ponessa P: 717-273-5992 F: 717-273-5995	2-21
~ PA Counseling P: 717-249-3169 F: 717-243-5489	0-21	~ PA Counseling P: 717-249-3169 F: 717-243-5489	0-21	~ Stevens Center-NHS P: 717-243-6033 or 1-888-243-6033 F: 717-243-0776	0-21	~ PCBH P: 717-560-2372 F: 717-560-2027	0-21	~ WellSpan 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	~ Stevens Center-NHS P: 717-243-6033 or 1-888-243-6033 F: 717-243-0776	0-21	* ~ PA Counseling P: 717-526-4881 F: 717-671-9149	0-21	~ TEAMCare P: 717-391-0172 F: 717-391-7771	0-21	~ Youth Advocate Programs P: 717-228-0935 F: 717-228-0939	0-21
~ TrueNorth Wellness P: 717-657-2080 F: 717-657-2290	2-21	~ TrueNorth Wellness Services P: 717-657-2080 F: 717-657-2290	2-21	* ~ TrueNorth Wellness P: 717-657-2080 F: 717-657-2290	2-21	~ 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
~ TW Ponessa P: 717-386-5237 F: 717-386-5243	2-21	~ TW Ponessa P: 717-386-5237 F: 717-386-5243	2-21	* ~ TW Ponessa P: 717-233-4027 F: 717-233-0155	2-21	~ WellSpan Philhaven P: 1-800-514-9159 F: 717-735-0999	Preschool (3) to 21	~ Youth Advocate Programs P: 717-519-8723 F: 717-519-8726	0-21
~ WellSpan Philhaven P: 1-888-328-9727 F: 717-901-3755 *Does not serve members past Carlisle area	Preschool (3) to 21	~ Youth Advocate Programs P: 717-232-3786 F: 717-232-0924	0-21	~ WellSpan Philhaven P: 1-888-328-9727 F: 717-901-3755	Preschool (3) to 21				
~ Youth Advocate Programs P: 717-232-3786 F: 717-232-0924	0-21			*~Youth Advocate Programs P: 717-232-3786 F: 717-232-0924	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: _____