

Child's name: _____ MAID #: _____ Today's date: _____

Cumberland County	Ages	Perry County	Ages	Lebanon County	Ages	Lancaster County	Ages	Dauphin County	Ages
^ ABA Support Services P: 610-365-8373 F: 610-365-2522	2-18	~ Family Behavioral Resources P: 717-295-5500 F: 717-295-2500	3-21	^ ABA Support Services P: 610-365-8373 F: 610-365-2522	2-18	^ ABA Support Services P: 610-365-8373 F: 610-365-2522	2-18	^ ABA Support Services P: 610-365-8373 F: 610-365-2522	2-18
~ Family Behavioral Resources P: 717-295-5500 F: 717-295-2500	3-21	~ Laurel Life P: 717-582-9922 F: 717-582-9924	3-21	~ Chester County IU #24 P: 717-617-2515 F: 717-617-2525	0-21	^ Behavior Interventions P: 484-681-2170 F: 484-320-8307	0-21	*~ Community Svcs Group P: 717-920-9434 F: 717-920-9197	2-21
~ Laurel Life P: 717-243-1326 F: 717-243-0174	3-21	~ Merakey Stevens Center P: 717-243-6033 or 1-888-243-6033 F: 717-243-0776	0-21	^ # PA Counseling P: 717-274-9682 F: 717-274-9549	0-21	~ Chester County IU #24 P: 717-617-2515 F: 717-617-2525	0-21	*~ Family Behavioral Resources P: 717-295-5500 F: 717-295-2500	3-21
~ Merakey Stevens Center P: 717-243-6033 or 1-888-243-6033 F: 717-243-0776	0-21	^ # PA Counseling P: 717-249-3169 F: 717-243-5489	0-21	~ TW Ponessa P: 717-228-0935 F: 717-228-0939	2-21	~ PCBH P: 717-560-2372 F: 717-560-2027	0-21	* Holcomb Behavioral Health P: 717-757-1227 F: 717-757-1353	0-21
^ # PA Counseling P: 717-249-3169 F: 717-243-5489	0-21	~ TrueNorth Wellness Services P: 717-657-2080 F: 717-657-2290	2-21	^ # WellSpan Philhaven P: 1-888-324-0064 F: 717-270-2444	3-21	~ + TEAMCare P: 717-391-0172 F: 717-391-7771	0-21	~* Laurel Life P: 717-243-1326 F: 717-243-0174	3-21
~ TrueNorth Wellness P: 717-657-2080 F: 717-657-2290	2-21	~ TW Ponessa P: 717-386-5237 F: 717-386-5243	2-21	# Youth Advocate Programs P: 717-228-0935 F: 717-228-0939	0-21	~ TW Ponessa P: 717-560-7917 F: 717-735-8916	2-21	~ Merakey Stevens Center P: 717-243-6033 or 1-888-243-6033 F: 717-243-0776	0-21
~ TW Ponessa P: 717-386-5237 F: 717-386-5243	2-21	# Youth Advocate Programs P: 717-232-3786 F: 717-232-0924	0-21			~ ^ WellSpan Philhaven P: 1-888-324-0064 F: 717-735-0999	0-21	^ # * PA Counseling P: 717-526-4881 F: 717-671-9149	0-21
# 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	~ + PCBH P: 717-560-2372 F: 717-560-2027	0-21
				BHR/IBHS Treatment Recommendations (check, if known)				~ * TEAMCare P: 717-525-9804 F: 717-525-9862	0-21
				BSC	MT	TSS		*~ TrueNorth Wellness P: 717-657-2080 F: 717-657-2290	2-21
								~ TW Ponessa P: 717-233-4027 F: 717-233-0155	2-21
								# * Youth Advocate Programs P: 717-232-3786 F: 717-232-0924	0-21

- # Indicates Individual IBHS Provider
- ^ Indicates ABA IBHS Provider
- ~ Indicates Providers who provide BHR/IBHS ABA services
- * Indicates Providers that service Upper Dauphin Members
- + Indicates Providers that have Spanish speaking staff

Member's Diagnoses: _____

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

Special Needs of Member (i.e. hearing-impaired, seeing-impaired, ESL): _____

Member/Parent/Guardian Signature: _____ Date: _____

Note: 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. Consult the individual provider for availability of Spanish-speaking staff. 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