PerformCARE®

Child/Adolescent Services

Children's Services-FBMH Services Additional Units Authorization Request (Franklin-Fulton ONLY)

Please submit with the following with this form:

- current, updated treatment plan
- past 30 days of the most recent progress notes

Date of Request:_____

Provider:_____

Name of Person Submitting this request: _____ Phone #:_____

Member Name: _____ DOB: _____

MAID #: _____

Member County:
☐ Franklin ☐ Fulton

Current Authorization Ends: _____

Anticipated Number of Additional Units Requested: _____

Dates Additional Units are needed for: _____

Are these additional units being requested for crisis reasons?

Yes If yes, please submit all documentation surrounding the crisis event with this form.

No What is the reason for the request for additional units?