

Child/Adolescent Services-FBMHS Provider Choice Form (CAPITAL)

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

Please rank the in network provider/s you wish to receive Family Based Mental Health 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.

Cumberland County	
Diakon Family Life Services 717-795-0330 717-503-1520	
Franklin Family Services 717-243-6500	
Laurel Life Services 717-216-5700	
Merakey Stevens Center 717-243-6033	
PA Counseling 717-249-3169	

Perry County	
Diakon Family Life Services 717-795-0330 717-503-1520	
Franklin Family Services 717-243-6500	
Laurel Life Services 717-216-5700	
Merakey Stevens Center 717-243-6033	
PA Counseling 717-249-3169	

Dauphin County	
+ * Community Services Group 717-230-9622	
* Jewish Family Services 717-233-1681 Accepts ages 3-18	
Merakey Stevens Center 717-243-6033	
* PA Counseling 717-526-4889	

Lancaster County	
Community Services Group 717- 293-5104 Accepts ages 0-21	
PA Counseling 717-392-8485	
TeamCare- 717-391-0172 Accepts ages 0-21	
WellSpan Philhaven 717-735-1954 Accepts ages 0-21	
Youth Advocate Programs 717-519-8723	

Lebanon County	
+ PA Counseling 717-274-9682	
WellSpan Philhaven 717-279-2774 Accepts ages 0-21	
Youth Advocate Programs 717-228-0935	

+ Indicates Providers that have Spanish speaking staff (availability may be limited)

* Indicates Providers that service Upper Dauphin

Special needs of Member (i.e. deaf, blind, language): _____

To which Provider was referral information sent: _____

Current Member/Family phone #: _____ Alternative phone #: _____ Best time to reach you: _____

Member/Parent/Guardian signature: _____ Date: _____