

Member Name: \_\_\_\_\_ MAID #: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Please rank the in network provider/s you wish to receive Family Based Mental Health (FBMHS) services from if these services are approved. Each provider listed is in network and approved by the County in which you/your child's medical assistance is registered.

Cumberland County	Perry County	Dauphin County	Lancaster County	Lebanon County
<b>Diakon Family Life Services</b> 717-795-0330 717-503-1520	<b>Diakon Family Life Services</b> 717-795-0330 717-503-1520	<b>Diakon Family Life Services</b> 717-795-0330 717-503-1520	<b>Diakon Family Life Services</b> 717-795-0330 717-503-1520	<b>Diakon Family Life Services</b> 717-795-0330 717-503-1520
<b>Franklin Family Services</b> 717-243-6500	<b>Franklin Family Services</b> 717-243-6500	<b>* Community Services Group</b> 717-230-9622	<b>Community Services Group</b> 717- 293-5104 Accepts ages 0-21	<b>+ PA Counseling</b> 717-274-9682
<b>Laurel Life Services</b> 717-216-5700	<b>Laurel Life Services</b> 717-216-5700	<b>* Jewish Family Services</b> 717-233-1681 Accepts ages 3-18	<b>PA Counseling</b> 717-392-8485	<b>WellSpan Philhaven</b> 717-279-2774 Accepts ages 0-21
<b>Merakey Stevens Center</b> 717-258-1729	<b>Merakey Stevens Center</b> 717-258-1729	<b>Merakey Stevens Center</b> 717-258-1729	<b>TeamCare</b> 717-391-0172 Accepts ages 0-21	<b>Youth Advocate Programs</b> 717-228-0935
<b>PA Counseling</b> 717-249-3169	<b>PA Counseling</b> 717-249-3169	<b>* PA Counseling</b> 717-526-4881	<b>WellSpan Philhaven</b> 717-735-1954 Accepts ages 0-21	
			<b>Youth Advocate Programs</b> 717-519-8723	

Check this box if you are willing to accept the First Available FBMHS Provider.

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

\* Indicates Providers that service Upper Dauphin

Special needs of Member (i.e. Hearing, Visual, ESL, etc.): \_\_\_\_\_

To which Provider was referral information sent: \_\_\_\_\_

Current Member/family phone #: \_\_\_\_\_ Alternative phone #: \_\_\_\_\_ Best time to reach you: \_\_\_\_\_

Member/Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_