PerformCARE®

Child/Adolescent Services-**FBMHS Provider Choice Form (TMCA)**

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.

Franklin/Fulton Counties	
Family Care Services 717-263-2285	
Franklin Family Services 717-267-1515	
Laurel Life Services 717-375-1518	
Momentum Services 717-262-2183	
PA Counseling 717-261-1218	

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

To which Provider was referral information sent: _____

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

Member/Parent/Guardian signature: _____ Date: _____