



STAP Provider Choice Form—Autism Spectrum Disorder (ASD) STAP Providers for Capital 2020

Child's Name: _____ **MAID #:** _____ **Today's Date:** _____

Please choose the provider from whom you wish to receive STAP services. Each provider that serves the County in which you/your child resides is listed so that you are informed of who those providers are and how many providers provide STAP.

Cumberland County	Dauphin County	Lancaster County	Lebanon County	Perry County
<u>Wellspan Philhaven:</u> **(This STAP is located in Lebanon County and open to referrals for Cumberland County Members)	<u>Wellspan Philhaven:</u> **(This STAP is located in Lebanon County and open to referrals for Dauphin County Members)	<u>Wellspan Philhaven (Session 1)</u> June 8 - July 10 1-888-324-0064 717-509-6063 (fax)	<u>Wellspan Philhaven (Session 1)</u> June 8 - July 10 1-888-324-0064 717-509-6063 (fax)	<u>Wellspan Philhaven:</u> **(This STAP is located in Lebanon County and open to Perry County referrals)
		<u>Wellspan Philhaven (Session 2)</u> July 15 - August 19 1-888-324-0064 717-509-6063 (fax)	<u>Wellspan Philhaven (Session 2)</u> July 15 - August 19 1-888-324-0064 717-509-6063 (fax)	

Special Needs of Member: _____

STAP Information was sent to: _____

Member/Parent/Guardian Signature: _____ **Date:** _____