PerformCARE®
8040 Carlson Road
Harrisburg, PA 17112

Children's Services Referral Form

Recommendations Approved: As Requested From Denial

LOC	Authorization Period
FBMHS	

Member Name: MAID: County:

Parent/Guardian Name(s): Parent/Guardian Address:

Member's address is different? If yes, Member's address:

Parent/Guardian Phone #: Parent/Guardian Alternate Phone #:

**PerformCare Contact with Family:

CYS Involvement: TCM Involvement:

Agency	Agency Name	Contact Person	Agency Phone #
CRR			
CYS			
JPO			
TCM			
RTF			
Foster Care			

BHRS/BHRS Exception Services (if applicable)	Agency	Current Authorization Period

Special Needs of Member: Other Relevant Information: