

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

Please choose the in network provider from which you wish to receive Multisystemic Treatment (MST) services 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 below.

Cumberland County	
Adelphoi Village (Ages 10-18)	
P: 717-495-2812 F: 717-918-5128	
Hempfield (Ages 12-18)	
P: 717-221-8004 F: 717-221-8006	

Perry County	
Adelphoi Village (Ages 10-18)	
P: 717-495-2812 F: 717-918-5128	
Hempfield (Ages 12-18)	
P: 717-221-8004 F: 717-221-8006	

Dauphin County	
PA Counseling (Ages 12-18)	
P: 717-901-3933 F: 717-671-9149	
Hempfield (Ages 12-18)	
P: 717-221-8004 F: 717-221-8006	

Lancaster County	
PA Counseling (Ages 12-18)	
P: 717-509-0130 F: 717-397-5290	

Lebanon County	
PA Counseling (Ages 12-18)	
P: 717-274-9619 F: 717-274-9549	

Franklin/Fulton County	
Adelphoi Village (Ages 10-18)	
P: 717-495-2812 F: 717-918-5128	

Member Contact Information (Member & Parent/Guardian name/Contact #): _____

Special Needs of Member (i.e. hearing-impaired, seeing-impaired, ESL): _____

Member/Parent/Guardian Signature: _____

Date: _____