PerformCARE®

Child/Adolescent Services – Transfer Form

Member Name: _____ **MAID #:**_____ **Date:**_____

County: ☐ Cumberland ☐ Dauphin ☐ Franklin ☐ Fulton ☐ Lancaster ☐ Lebanon ☐ Perry

Services to be transferred: ☐ Asst. BC-ABA ☐ ASP ☐ BA ☐ BC ☐ BC-ABA ☐ BHT ☐ BHT-ABA
☐ CRR-HH ☐ FBMHS ☐ MT ☐ RTF - accredited ☐ RTF- non-accredited ☐ Other: _____

Current Provider Information

Current Provider Name: _____ Site Address: _____

Contact Name: _____ Contact #: _____

Current Provider End Date: (cannot be the same date as new provider start date): _____

Staff Name (Print): _____ Title: _____

Signature: _____ Date: _____

Copies of the following were forwarded to the new provider:
☐ Last request for services and/or current evaluation/Written Order/treatment plan ☐ Current authorizations

New Provider Information

Current Provider Name: _____ Site Address: _____

Contact Name: _____ Contact #: _____

New Provider Start Date: (cannot be the same date as current provider end date): _____

Staff Name (Print): _____ Title: _____

Signature: _____ Date: _____