

## Child/Adolescent Services- Family-Based Mental Health 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	
Laurel Life Services 717-375-1518	
Momentum Services 717-262-2183	
PA Counseling 717-261-1218	

**Check this box if you are willing to accept the First Available FBMHS provider.**

Special needs of Member (i.e. Hearing, visual, ESL, etc.): \_\_\_\_\_

To which Provider was referral information sent: \_\_\_\_\_

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

Member/Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_