



Evaluator Participation at Interagency Service Planning Team (ISPT) Meeting Verification of Attendance

All Evaluators* that participate in an ISPT Meeting (either by phone or in person) are required to fax a Verification of Attendance to VBH-PA within seven (7) business days of the ISPT in order to be reimbursed for attendance.

Upon attending an ISPT meeting, please fax this Verification Form to the VBH-PA BHRS fax line at 855-439-2441.

Evaluator Name: _____

Evaluator Address: _____

Member Name: _____

Member ID#: _____

Member DOB: _____

Date of ISPT Meeting: _____

Attended In Person:

Attended By Phone:

Name of VBH CAFS Coordinator: _____

By signing this form I, the Evaluator noted above, attest that I attended the ISPT meeting for the above HealthChoices member on the above date and remained in attendance until my input and/or services were no longer required.

Evaluator Signature

FAX Date

*This applies to evaluations conducted by Evaluators on HealthChoices Child and Adolescent Members from Armstrong, Cambria, Greene, Indiana, Lawrence, Washington, and Westmoreland Counties.