



VALUE BEHAVIORAL HEALTH
of PENNSYLVANIA

A VALUEOPTIONS COMPANY

Evaluation Cover Sheet

Please complete this form for all initial evaluations or re-evaluations that have been scheduled for a HealthChoices member (or parent) requesting a Child/Adolescent Evaluation and fax to 814-451-6859 Attn: Judy Martin and VBH-PA CAFS Clinical Supervisor at 814-528-0603 or 814-878-1680. Please forward all re-evaluations to Judy Martin at 814-451-6859 and the assigned CAFS coordinator at 814-528-0603 or 814-878-1680.

Member Name: _____ Member DOB: _____

Member Address: _____

Member County: _____

Member Phone Number: _____

Member MA ID#: _____

Parent/Guardian: _____

IEP: Yes No

Home School District: _____

School District Member attends: _____

Referring agency or other referral source (if applicable): _____

Evaluator Name: _____ Agency Name: _____

Date Member Called Requesting Evaluation: _____

Date First Appointment Offered: _____

Date Appointment Scheduled: _____

If appointment offered within 7 days,
but appointment not scheduled, why:

- Family Choice
 Evaluator Not Available
 Transportation Issues

Date of Evaluation: _____

Initial Evaluation, Re-Evaluation, or Initial Re-Evaluation (1st time seen by Prescriber)

_____ # of Units Requested for Evaluation

Recommended LOC: BHRS FBS RTF CRR PHP

MST OP MH OP D&A OTHER: _____