



VALUE BEHAVIORAL HEALTH  
of PENNSYLVANIA

A VALUEOPTIONS COMPANY

**Expedited Evaluation Cover Sheet**

**Please complete this form for *all expedited evaluations* of a HealthChoices member requesting a Child/Adolescent Expedited Evaluation and fax to 814 451-6859 Attn: Lisa McElhenny and Jessica Bingle at 814 528-0603 or 814 878-1680.**

Member Name: \_\_\_\_\_ Member DOB: \_\_\_\_\_

Member Home Address: \_\_\_\_\_

Member County: \_\_\_\_\_

Member Phone Number: \_\_\_\_\_

Member MA ID#: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

IEP:  Yes  No

Home School District: \_\_\_\_\_

School District Member attends: \_\_\_\_\_

Referring agency \_\_\_ OCY (caseworker) \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_ JPO (probation officer) \_\_\_\_\_ Phone: \_\_\_\_\_

Evaluator Name: \_\_\_\_\_ Agency Name: \_\_\_\_\_

Date Evaluation Requested: \_\_\_\_\_

Date of Face-to Face Evaluation: \_\_\_\_\_

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- Recommended LOC:  BHRS  FBH  RTF  CRR  PHP  
 MST  OP MH  OP D&A  OTHER: \_\_\_\_\_  
 Drug & Alcohol Residential  
 FFT (Functional Family Therapy)  
 MST PSB (Multi-Systemic Therapy-Problem Sexual Behaviors)  
 MDTFC (Multi-Dimensional Treatment Foster Care)