



**milestone**

HCQU WEST

# Intensive Technical Assistance Request Form

Date: \_\_\_\_\_

Person for whom ITA is being requested: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Funding County: \_\_\_\_\_

Residing County: \_\_\_\_\_

## County Coordinator

Name: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Diagnosis: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is this a HCSIS Corrective Action? Yes  No

Does this person have a mental health diagnosis? Yes  No

Is the Criminal Justice System involved? Yes  No

- Does this person live in a:
- Community Home
  - Family Living Provider
  - With Family
  - On Their Own
  - Other

*Please Fax ISP to (724) 283-1012*

## Agency Information

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

## Support Coordinator

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

## Support Coordinator Supervisor

Name: \_\_\_\_\_

E-mail: \_\_\_\_\_

Person for whom ITA is being requested: \_\_\_\_\_

Reason for Request: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Request to borrow iPad: Yes  No

**Acuity Level and Approval**

**Must be completed by member of Management Oversight Committee**

1.  Low Risk Request for Education
2.  Mild Risk- Person/Team Requires Assistance
3.  Moderate Risk- Medically/Behaviorally Complex
4.  High Risk- Risk of Discharge/Danger to Community/Self/Others/Acute Medical Issues

Coordinator Name: \_\_\_\_\_

Approval: Yes  No

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*\*\* Please fax the completed form to (724) 283-1012 or e-mail to [HCQUinfo@MilestonePA.org](mailto:HCQUinfo@MilestonePA.org)\*\*\*