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| **Date:** Click arrow to select date or enter. |
| **Person for whom ITA is being requested:**  Enter Name. |
| **Date of Birth:** Enter Date of Birth  |
| **Funding County:**  Enter County. | **Residing County:**  Enter County. |

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| **County Coordinator** |
| **Name:** Enter Name. | **E-mail:** Enter E-mail. |

**Current Diagnosis:** Enter 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**

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| **Agency Information** | **Support Coordinator** |
| **Name:** Click here to enter name. | **Name:** Click here to enter name. |
| **Title:** Click here to enter title. | **Title:** Click here to enter title. |
| **Address:** Click here to enter address. | **Address:** Click here to enter address. |
| **Phone:** Click here to enter phone. | **Phone:**Click here to enter phone. |
| **E-mail:** Click here to enter e-mail. | **E-mail:** Click here to enter e-mail. |

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| **Support Coordinator Supervisor** |
| **Name:** Click here to enter name.  | **E-mail:** Click here to enter e-mail. |

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| **Person for whom ITA is being requested:** Enter Name. |
| **Reason for Request:** Click here to enter reasons. |
| **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
 |
| 1. [ ]  Mild Risk- Person/Team Requires Assistance
 |
| 1. [ ]  Moderate Risk- Medically/Behaviorally Complex
 |
| 1. [ ]  High Risk- Risk of Discharge/Danger to Community/Self/Others/Acute Medical Issues
 |
| **Coordinator Name:** Click here to enter name. |
| **Approval:** Yes [ ]  No [ ]  |
| **Comments:** Click here to enter comments. |
| **Please submit all completed forms to the person’s funding county AE for approval.** **AE’s with your approval, please submit request to kfisher@MilestonePA.org** |