|  |  |
| --- | --- |
| **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. |

|  |  |
| --- | --- |
| **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**

|  |  |
| --- | --- |
| **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. |

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

|  |
| --- |
| **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** |