



Intensive Technical Assistance Request Form

Dates can be entered or picked from calendar

Date: Sex: Male Female Phone:

Person for whom ITA is requested:

Date of Birth: Person's address:

Funding County: Residing County:

County Coordinator: County 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 Own	Other
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Agency

Support Coordinator

Name: Name:

Title: Title:

Address: Address:

Phone: Phone:

E-mail: E-mail:

Support Coordinator Supervisor

Name: E-mail:

Request for iPad: Yes No

Reason for Request:

Person for whom ITA is requested:

Must be completed by member of Management Oversight Committee

Acuity Level and Approval

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

Coordinator Name:

Approval: Yes No

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