



Revised 08/03/2010

TEAM AGREEMENT FORM
Philadelphia Coordinated Health Care Services
123 S. Broad St., 22nd Floor
Philadelphia, PA 19109
Telephone #215-546-0300/Fax #215-790-4976

Name _____ DOB _____

Address _____

_____ Telephone # _____

County of Registration _____

Support Coordinator & Office _____

E-Mail _____ Telephone # _____ Fax # _____

Provider Agency _____ Contact _____

Telephone # _____ Fax # _____

Contact Person for this Request for Services: _____

E-Mail _____ Telephone # _____ Fax # _____

Provider Agency Nurse _____ Telephone #: _____

Provider Agency Nurse Notified re: Situation and PCHC involvement? YES/NO

How Has Agency Nurse Been Involved? (Explain)

For What Health Care Issue(s) Are You Requesting PCHC Assistance (Explain in detail)?
PCHC reviews are always undertaken in the context of the whole person, encompassing multiple healthcare needs (physical health, social-emotional well being, behavioral health, environmental concerns).

Team Member Who Will Ensure Information Dissemination & Follow-Up

Team Approval Signatures/other team members involved (i.e. Behaviorist, Psychologist):

Name	Role	Signature
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Date: ____/____/____ Referral Mailed or Faxed to PCHC

- Please check one:
- Pennhurst Class
 - Embreeville Class
 - PH/EMB (Dual Class)
 - Other Class
 - Non-Class

- Please check one:
- CLA
 - ICF/MR
 - Family Living
 - W/Family
 - Independent/SL
 - Boarding House
 - Domiciliary Care
 - Nursing Home
 - Private Licensed Facility
 - State Hospital
 - Other
 - N/A



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PCHC RESPONSE

Date Received _____ Mail/Fax (Circle one)

Name of Individual/Agency _____

Previous PCHC involvement:

Forwarded to (RN or HCCO) _____ Date _____

Action Taken (Include people contacted with dates, brief summary of contact, and action plan):

Service to be provided:

- Faxed to Bucks Co. OMR (Kathy Potena) and Assigned Support Coordinator
- Faxed to Chester Co. OMR (Jena Cavanagh) and Assigned Support Coordinator
- Faxed to Delaware Co. OMR (Jim Carlin) and Assigned Support Coordinator
- Faxed to Montgomery Co. OMR (Maureen Felle) and Assigned Support Coordinator
- Faxed to Philadelphia Co. MRS (Gail Harrison) and Assigned Support Coordinator
- Faxed to Philadelphia Co. SCO (Specific Director) and Assigned Support Coordinator

(Copy of completed form must be faxed to County office by assigned PCHC staff)