

PRC CONTACT INFORMATION

Member's Name: _____ Date of Birth: _____

Assists ID: _____ Support Coordinator: _____

New Plan Renewal Disapproved Plan Paper Review

Residential Provider Agency: _____

Residential Representative: _____

Phone Number: _____ Fax Number: _____ Email: _____

Behavior Plan Writer: _____

Writer Type: Residential Representative Consultant BCBA/QBHP Other: _____

Phone Number: _____ Fax Number: _____ Email: _____

Day/Work/School Program Name: _____

Day Program Representative: _____

Phone Number: _____ Fax Number: _____ Email: _____

Legal Guardian: _____ Self

Phone Number: _____ Fax Number: _____ Email: _____

Behavioral Health Provider Agency: _____

Behavioral Health Provider Representative: _____

Phone Number: _____ Fax Number: _____ Email: _____

Other (List relationship): _____

Phone Number: _____ Fax Number: _____ Email: _____

Other (List relationship): _____

Phone Number: _____ Fax Number: _____ Email: _____

FOR PRC SCHEDULER TO COMPLETE BELOW

Behavior Plan submitted by: _____ Date: _____

Received By: _____ Date: _____

PRC Review Date: _____ Time: _____

Location: _____

Notes:

North:
DDNorthPRC@azdes.gov

South:
DDDD2PRC@azdes.gov

East:
DDDEastRegionPRC@azdes.gov

Central:
DDDCentralRegionPRC@azdes.gov

West:
DDWESTPRC@azdes.gov