

PRC CONTACT INFORMATION

Member's Name: _____ Date of Birth: _____

Assists ID: _____ Support Coordinator: _____

New Plan Renewal Disapproved Plan Paper Review

Residential Provider Agency: _____

Address: _____

Phone Number: _____ Fax Number: _____

BP Representative: _____ Phone Number: _____

E-mail: _____

DTA Vocational/Work School Other _____

Address: _____

Phone Number: _____ Fax Number: _____

Representative: _____ Phone Number: _____

E-mail: _____

Address: _____

Phone Number: _____ Fax Number: _____

Representative: _____ Phone Number: _____

E-mail: _____

Legal Guardian: _____ Own Guardian

Address: _____

Phone Number: _____ Fax Number: _____

E-mail: _____

Legal Guardian: _____

Address: _____

Phone Number: _____ Fax Number: _____

E-mail: _____

RBHA E-mail: _____

BP Submitted By: _____ Date: _____

Received By: _____ Date: _____

PRC Date: _____ Time: _____

Location: _____

Notes:

North:
DDNorthPRC@azdes.gov

South:
DDDD2PRC@azdes.gov

East:
DDDEastRegionPRC@azdes.gov

Central:
DDDCentralRegionPRC@azdes.gov

West:
DDDWESTPRC@azdes.gov