

### 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](mailto:DDNorthPRC@azdes.gov)

**South:**  
[DDDD2PRC@azdes.gov](mailto:DDDD2PRC@azdes.gov)

**East:**  
[DDDEastRegionPRC@azdes.gov](mailto:DDDEastRegionPRC@azdes.gov)

**Central:**  
[DDDCentralRegionPRC@azdes.gov](mailto:DDDCentralRegionPRC@azdes.gov)

**West:**  
[DDWESTPRC@azdes.gov](mailto:DDWESTPRC@azdes.gov)