

PRC Contact Information

Member's Name: _____ Date of Birth: _____

Assists ID: _____ Support Coordinator: _____

New Plan Renewal Disapproved Plan

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: _____

Preferred Language: _____

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: _____

Notes:

North:
DDDNORTHPRC@azdes.gov

South:
DDDSOUTHPRC@azdes.gov

DSW (Statewide):
DDDSTATEWIDEPRC@azdes.gov

Central:
DDDCENTRALPRC@azdes.gov

West:
DDDWESTPRC@azdes.gov

East
DDDEASTPRC@azdes.gov