

Please fax completed referral form to the FCDC  
intake line at: 412.347.3237



## Wonder Kids Referral

WK Location North East South Date completed: \_\_\_\_\_  
Referral Source: \_\_\_\_\_

### Client Information

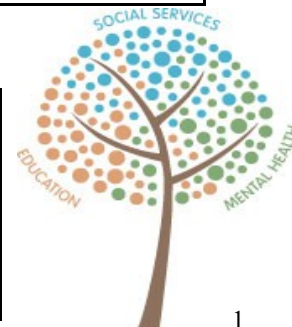
<b>Child's name:</b> _____
<b>MA #</b> _____ <b>DOB</b> _____ <b>Age</b> _____
<b>Social Security #</b> _____
<b>Parent/Caregivers names:</b> _____
<b>Home address:</b> _____
<b>Residing county:</b> <input type="checkbox"/> Allegheny <input type="checkbox"/> Butler <input type="checkbox"/> Washington <input type="checkbox"/> Westmoreland <input type="checkbox"/> Armstrong <input type="checkbox"/> Beaver
<b>Residing school district:</b> _____
<b>School:</b> _____ <b>Grade:</b> _____
<b>Home phone:</b> _____ <b>Alt. phone:</b> _____
<b>E-mail address:</b> _____
<b>Race:</b> _____ <b>Religion:</b> _____ <b>Language:</b> _____
<b>Emergency contact:</b> _____
<b>Phone:</b> _____
<input type="checkbox"/> <b>Service Coordinator:</b> _____
<b>Contact Number:</b> _____

### Prescriber Information

<b>Prescribing Psychologist:</b> _____
<b>Primary diagnosis:</b> _____
<b>Wonder Kids prescription:</b> _____

### BHRS Information

<input type="checkbox"/> <b>BHRS Provider:</b> _____
<b>Contact:</b> _____ <b>Phone</b> _____
<b>Plan of Care dates:</b> _____



\_\_\_\_\_ Name

## Private Insurance Information for Act 62

\_\_\_\_\_

*Name of insured (parent under whom the child is covered)*

\_\_\_\_\_

*Type of insurance, specify the plan (e.g. Highmark Blue Cross Blue Shield, PPO Blue)*

*Effective*                      *yes*     *no*

*If applicable, self funded*    *yes*     *no*

*Authorization required*    *yes*     *no*

\_\_\_\_\_

*If applicable, plan area*

\_\_\_\_\_

*ID number*

\_\_\_\_\_

*Group number*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Contact information on the back of your card (i.e. phone number and corresponding department)*

\_\_\_\_\_

*Annual renewal date (e.g. every January)*                      *If applicable, effective date*



Office use

**Act 62**    *yes*     *no*     *unable to determine*