



Pediatric Complex Care Resource Center Pediatric Coach Referral Request

Process for Referral to the Pediatric Complex Care Resource Center (PCCRC):

1. Complete each section, as appropriate.
2. Email the completed referral form to PCCRC Director, Katie Freeman, at kf1@theadvocacyalliance.org
3. Contact PCCRC director Katie Freeman with referral questions: 717-658-6609

Person Making Referral:

Name: _____
Phone: _____
Email: _____
Relationship to Individual: _____

Supported Individual:

Name: _____
Date of Birth: _____
County of residence: _____

Contact Person:

Name: _____
Phone: _____
Email: _____
Relationship to Individual: _____

Is the Child Residing in a Facility/Hospital?

Yes _____ No _____
If yes, name of facility: _____
If no, where is the child residing? _____

Managed Care Organization (MCO) Information: Best way to contact:

Agency: _____
MCO Case Manager: _____
Case Manager Phone: _____
Case Manager Email: _____

Phone _____ Email _____
Best time
Morning (9am-11am) _____
Afternoon (12pm-4pm) _____

Reason for Referral:

Completed by: _____

Date _____