

ATTACHMENT 6
 PENNSYLVANIA -- DEPARTMENT OF PUBLIC WELFARE
 CASSP SERVICES
 PLAN OF CARE -- SUMMARY

NAME: _____

TIME PERIOD: _____

AGE: _____

AUTHORIZING AGENTS: County: _____

DSM IV: _____

ICD 9 CODE _____

Physician/Licensed Psychologist Name: _____
 (MA 97 Prescriber)

BSU #: _____

AXIS I _____

MA #: _____

AXIS II _____

AXIS III _____

AXIS IV _____

AXIS V _____

SERVICE	SERVICE SYSTEM/ PROVIDER	RESPONSIBLE PERSON	LENGTH OF SERVICE	FREQUENCY	FUNDING SOURCE	COST PER UNIT	TOTAL COST

Review date: _____