$Perform CARE^{*}$

Capital Area Partial Hospitalization Program (PHP) Providers Pending Referral (Waiting) List*

Represents members who have completed referrals, but are not yet admitted to the program.

Reporting month and year:

Name of Provider and PHP Program (List each licensed program separately)	Address (City, state, ZIP)	Indicate child or adult license	Licensed capacity	Average daily census (Most recent month)	Number of members on pending referral (waiting) list (Please fill out Table 2 as applicable).
		□ Child □ Adult			
		□ Child □ Adult			
		□ Child □ Adult			
		□ Child □ Adult			
		□ Child □ Adult			
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Table 2: PerformCare Members on Pending Referral (Waiting) List

Name of provider and PHP program (List each licensed program separately)	Name of referred member	MA ID# of member	Date of birth of member	Date referred	Indicate insurance status
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