

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

Reporting month and year:

| Name of Provider and PHP Program <small>(List each licensed program separately)</small> | Address <small>(City, state, ZIP)</small> | Indicate child or adult license | Licensed capacity | Average daily census <small>(Most recent month)</small> | Number of members on pending referral (waiting) list <small>(Please fill out Table 2 as applicable).</small> |
|---|---|--|--------------------------|---|--|
| | | <input type="checkbox"/> Child <input type="checkbox"/> Adult | | | |
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| | | <input type="checkbox"/> Child <input type="checkbox"/> Adult | | | |
| | | <input type="checkbox"/> Child <input type="checkbox"/> Adult | | | |

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 |
|---|-------------------------|------------------|-------------------------|---------------|--|
| | | | | | <input type="checkbox"/> PerformCare Primary <input type="checkbox"/> PerformCare Secondary |
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