



15487 State Highway 86 * Meadville, PA 16335 * (814) 724-7510 * fax (814) 724-6237 * www.bethesda-home.org

SUMMER THERAPEUTIC ACTIVITIES PROGRAM (STAP) 2014

Meadville Campus
Fax Applications to Brittany Mears
814-724-4476

Session I: June 23 to July 18, 2014
Session II: July 23 to August 22, 2014
Times: 9-3pm
Ages 5-18

Union City Elementary School
Fax application to Vickie Collazo
814-455-8861

Monday through Thursday
June 16 to July 17, 2014
9am-2pm
Ages 5-18

Erie: Bethesda Leadership Center
Fax application to Vickie Collazo
814-455-8861

349 West 18th Street Erie, PA
Monday – Friday July 21 to August 15, 2014
9am-2pm
Ages 5-18

Location and session choice: _____

Child's Name:	Date of Birth:	Age:
Address:		
Phone Number(s):	(home)	(work) (cell)
Parent/Guardian Name:		
Parents Employed during STAP times? YES NO		

MA #
Card Issue #
Social Security Number

Referral Agency/Name: _____

Agency Contact information: _____

Date of child's last psychiatric/psychological evaluation: _____ Prescriber: _____

Referral concerns/Needs:



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Please List any **Allergies or medical restrictions** your child has:

Is your child on medication? ___ Yes ___ No. If yes, list:

Please list TWO Emergency contacts/Drop-Off locations (if needed):

<u>Name</u>	<u>Address</u>	<u>Phone</u>
1. _____	_____	_____
2. _____	_____	_____

Would your child/children be picked up and dropped off at the home address? _____ Yes _____ No
If no, please list pick-up and drop-off address:

Pick-Up:		
Name	Address	Phone
_____	_____	_____
Drop-Off:		
Name	Address	Phone
_____	_____	_____

*** Please attach the following to completed referral: (INCOMPLETE PACKETS WILL NOT BE ACCEPTED)**

- RELEASE OF INFORMATION**
- Copy of MA Card/Billing Information**
- Current Psychological/Psychiatric Evaluation with medical necessity included**
- Interagency Treatment Plan/ Plan of Care Summary indicating STAP w/ frequency and duration of services**
- Team Meeting Sign-In Sheet**
- Family Choice Form**
- Current Treatment Plan if receiving outpatient services**