

PASA Contact Information Form

Please fill out this form entirely and return to the Provider Team: by email

providers@dpcolo.org or fax 303.341.0382

General Information

PASA Na	ame											
Mailing A	Address								Su	ite/U	nit	
City						State			Zip)		
Phone			Fax			Webs	site					
Physical	Address (if	different	t)						Su	ite/U	nit	
City					State			Zip	0			
	t	types of	communi	each type of commication, but each typ	nunication be of comn	below. nunica	tion ca	n only ha	ve <u>one</u> co	ontaci	t.	•
	: This indivi	dual will	l receive h	nigh-level and genei	ral intorma	ation, I		rectives,	and PASA	4 mee	eting d	etails.
Name							ritie			_		
Email									Phone			
Service I	Plans: This i	ndividua	al will rec	eive invitations to s	ervice plar	meet	ings, as	sessmen	t reminde	ers, a	nd SP	documents.
Name							Title					
Email									Phone			
_	_				-	_				ment	with	an agency.
Name					mey means		Title					
Email						, l			Phone			
			•		_	hts Co	mmitte	e, to disc	uss and p	orepa	re pac	kets for right
Name	ons, rights st	ispensic	ons, and n	nistreatment allega	tions.	1	Title					
Email									Phone			
	This individu	عالنيداد	o contact	rod whon we have a	uostions a	hout h	villing	nd naves		rvice	c rond	orod
Name		iai Wili D	e contact	.eu when we have q	uestions a	bout t		Пи раупп	ent for se	ervice	s renu	ereu.
Email									Phone			
		Points of Contact a single contact for each type of communication below. The same person may be the contact for multiple types of communication, but each type of communication can only have one contact. vidual will receive high-level and general information, HCPF directives, and PASA meeting details. Title Phone sindividual will receive invitations to service plan meetings, assessment reminders, and SP documents. Title Phone osal: This individual will receive emails identifying clients who are seeking placement with an agency. ed to respond stating whether or not they would like to work with the client. Title Phone al will be the point of contact for our Human Rights Committee, to discuss and prepare packets for rights suspensions, and mistreatment allegations. Title Phone Miscellaneous Information Miscellaneous Information Miscellaneous Information Miscellaneous Information Miscellaneous Information No adults? No children? No holders? No children?										
diı Will y	bill Medicaid rectly? ou provide s nily caregiven	ervices	No in a [Do you work with adults?	s? No childre ase list services below No]]	=