

Pennsylvania Child Participation Form

Complete this form to enter new eligible SBAP students. Leader will add this information to its claims processing database and use the information to preprint your LEA's Service Description Slips. Use the blank area at the bottom of the Service Provider Information section to enter a service specialty that is not listed. Please mail or fax completed forms to Leader Services at the PO Box address or fax number listed below.

STUDENT INFORMATION									
EDUCATION AGENCY NAME				LEA STUDENT TRACKING NUMBER - Optional			DATE		
STUDENT NAME	<i>Last</i>	<i>First</i>	<i>MI</i>	STUDENT'S BIRTH DATE (mm-dd-yy)					
STUDENT'S SOCIAL SECURITY NUMBER			GENDER <input type="checkbox"/> M <input type="checkbox"/> F		ACCOUNTING UNIT NUMBER (AUN) - Optional				
MEDICAL ASSISTANCE ID NUMBER <i>Enter 10-Digit MA Number</i>									
SERVICE PROVIDER INFORMATION									
SERVICE SPECIALTY	SERVICE PROVIDER NAME					SCHOOL BUILDING (optional)			
SPEECH, LANGUAGE AND HEARING SERVICES	1)								
	2)								
PHYSICAL THERAPY	1)								
	2)								
OCCUPATIONAL THERAPY	1)								
	2)								
NURSING SERVICES – REGISTERED	1)								
	2)								
NURSING SERVICES – LICENSED PRACTICAL	1)								
	2)								
PERSONAL CARE ASSISTANT SERVICES	1)								
	2)								
ONGOING PSYCHOLOGICAL SERVICES	1)								
	2)								
TEACHER HEARING IMPAIRED	1)								
	2)								
ONGOING SOCIAL WORK SERVICES	1)								
	2)								
	1)								
	2)								



U.S. Postal Service Address
 PO Box O
 Hazleton PA 18201

Package Delivery Address
 75 Kiwanis Boulevard
 West Hazleton PA 18202

Phone: (800) 360-8511
Fax: (570) 455-4526
Web site: www.leaderservices.com