



Application For AHCCCS Children's Rehabilitative Services Designation

The customer must first be enrolled in AHCCCS to begin this process. Complete this application to start the process of determining a CRS designation. For questions contact the CRS Unit at (602) 417-4545 from area codes (480, 602 or 623) or 1 (855) 333-7828 from area codes (520, 760 or 928) toll free. You can return this application and all required documentation by:

Mail:
AHCCCS-CRS Unit
801 E Jefferson St MD 3500
Phoenix AZ 85034

Fax:
(602) 252-5286

E-mail:
dmscrs@azahcccs.gov

Section 1: Customer Information			
Customer's First Name:	M.I.	Customer's Last Name:	
AHCCCS ID (required):	AHCCCS Complete Care Plan (required):		
Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Customer's Social Security Number:	
Parent/Representative's Name:		Phone Number:	
Relationship to Customer: <input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Representative <input type="checkbox"/> Other:			
Parent/Representative's Mailing Address:		City:	State: ZIP Code:
Section 2: Medical Information			
Name of Customer's Primary Care Provider:		Primary Care Provider's Phone numbers: Office: Fax	
Name of Customer's Specialist:		Specialist's Phone numbers: Office: Fax	
List the diagnosis:			
Section 3: Referral Information			
<input type="checkbox"/> Yes <input type="checkbox"/> No Has the person making the referral notified the child's parent/representative? <input type="checkbox"/> By checking this box, I understand I am required to include Specialist records and an active treatment plan.			
Name of Person or Agency Making Referral:		Phone Number:	