

**School-Based ACCESS Program  
Contact Information Form**

**LEA (District) Full Name:** \_\_\_\_\_

- Early Intervention       School Age

**Mailing Address:** \_\_\_\_\_

\_\_\_\_\_

**Superintendent Name:** \_\_\_\_\_

**Superintendent Email:** \_\_\_\_\_

**Superintendent Address:** \_\_\_\_\_

\_\_\_\_\_

**Date Submitted:** \_\_\_\_\_

**Instructions:**

- Submit only one form per LEA.
- Use additional pages as necessary.
- Only the LEA may request individuals outside of the LEA to receive email notifications on their behalf. For example, an IU billing “on behalf of” a district may only be given authority to receive district email communications by district staff.
- At the bottom of this form, please identify any staff you want removed from the contact list.
- **Return completed form to [RA-PWSBAP@pa.gov](mailto:RA-PWSBAP@pa.gov).**

**Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Check all that apply to receive the following email notifications:**

- |  |   |
|--|---|
| <input type="checkbox"/> Quarterly SBAP Newsletter and DHS updates   | <input type="checkbox"/> e-SivicTPA Reports (Direct Service Claiming) |
| <input type="checkbox"/> e-SivicMACS Claiming System (Random Moment Time Study/Medicaid Administrative Claiming) | <input type="checkbox"/> FAI Reports                                  |
|  | <input type="checkbox"/> e-SivicMACS Annual Cost Reconciliation       |

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

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|--|---|
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|  | <input type="checkbox"/> e-SivicMACS Annual Cost Reconciliation       |

**Please identify below, any staff who should be removed as a point of contact for SBAP:**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_