



500 Nash Medical Arts Mall  
Rocky Mount, NC 27804  
252-937-8141

**THE BEACON CENTER**  
Local Management Entity for Mental Health,  
Developmental Disabilities & Substance Abuse Services

Referral Line: 252-407-2474  
or 888-893-8640  
www.thebeaconcenter.net

*Karen Salacki, Area Director*

In accordance with implementation #45, providers are required to assert on the person centered plan signature page that the provider has A) meet with the Child and Family team, B) conferred with clinical staff of the applicable Local Management Entity, to in conduct intensive care management , care coordination, or interagency care coordination. In order to be in compliance with this implementation update, we are requiring that the clinical home of consumers receiving in enhanced services complete the following form:

Agency sending information: \_\_\_\_\_

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

DOB: \_\_\_\_\_ County: \_\_\_\_\_

Child and Family Team Participants: (examples: Parents, DSS Social Worker, Court Counselor, School Personnel, all natural supports, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for Department of Juvenile Justice and Delinquency Prevention:

\_\_\_\_\_  
\_\_\_\_\_

Team’s anticipated treatment interventions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of first Child and Family Team Meeting: \_\_\_\_\_

Date of next Child and Family Team Meeting: \_\_\_\_\_

If you are requesting LME staff to attend your next Child and Family Team meeting, please provide at least one weeks notice.

QP Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please fax this form and the Introductory PCP to: 252-937-6631  
Attention to: System of Care**

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