



COMMISSIONER
Jon Weizenbaum

This is a notification of the results of your PASRR Evaluation. The PASRR Evaluation identified strengths and weaknesses with which you may need assistance. Below are the Recommended Specialized Services indicated on the PASRR Evaluation.

Individual First and Last Name:	
QMHP Evaluator First and Last Name:	
QMHP Evaluator Title and Credential:	QMHP Evaluator Phone Number:
Name of Local Mental Health Authority:	
Date of Assessment:	

Recommended MI Specialized Services (check all that apply):

- Case Management (This service is subject to the < 180 day stay requirement)
- Skills Training
- Medication Training and Support Services
- Psychiatric Diagnostic Interview Examination
- Psychosocial Rehabilitation Services

Additionally, the PASRR Evaluation indicated that your needs could also be met in one or more of the following settings (check all that apply):

- Alternate placement within an appropriate Community Setting
- An Institutional Setting
- Other (please specify): _____

NOTE: The settings listed above are only recommended options to consider and do not guarantee placement or eligibility. If you have any questions, please contact the evaluator at the Local Authority at the telephone number listed above.

X _____
Individual or LAR Signature