

TheraCare
1133 Westchester Ave., Suite N-230
White Plains, NY 10604
(914) 576-5292

CPSE FIRST ATTEND DATES (FAD)

Please fax or email your FAD to Kristina Catalan no later than 2 school days after your first provided session with the below listed child.

CHILD'S NAME: _____ D.O.B.: _____

Service: _____

Mandate: _____

FAD: _____

Providers Signature: _____ Date: _____