

**DEPARTMENT OF HUMAN SERVICES**  
**ANNUAL NOTIFICATION FORM for ASSISTED OUTPATIENT TREATMENT**  
(To be completed and signed by the MH/ID County Administrator)

Please email the completed form to: [RA-PWAOTNOTIFICATION@pa.gov](mailto:RA-PWAOTNOTIFICATION@pa.gov)

This is a notification that  (county/joinder) will not provide Assisted Outpatient Treatment (AOT) pursuant to Section 301 (c) of the Mental Health Procedures Act (MHPA) for the calendar year  This notice shall not be construed as relieving the county from existing obligations to provide mental health services in accordance with all applicable provisions of law and regulations.

The county will not provide AOT because of the following reasons:

I have provided notification to the local county authority of the decision not to offer AOT in accordance with Section 301 (c) of the MHPA. This notification was provided to:

Name:

Title:

Date:

MH/ID Administrator  
Signature:

Date: