



PO Box 733
Elk Grove Village, IL 60009-0733

January 18, 2023

This is an important message from YouthCare HealthChoice Illinois (YouthCare).

This notice is to inform our care partners that the [Psychotropic Medication Request Form](#) (CFS 431-A – also known as a “consent form”) will be *removed* from covermymeds on January 31, 2023.

Forms can still be submitted by fax to 312-814-7015. Please fill out the form completely.

The review of the forms or any active consents will not be affected.

If you have any questions, please contact YouthCare at 844-289-2264.

Thank you for your partnership.

Sincerely,

YouthCare HealthChoice Illinois

1-844-289-2264 (TTY: 711)
ILYouthCare.com