



**CARES Pre-Admission Screening and Resident Review (PASRR) Notification Level I FACSIMILE SHEET**

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

The material that follows consists of \_\_\_\_\_ pages. (# includes this page)

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**SPECIAL INSTRUCTIONS--Please include the following:**

Client SSN: \_\_\_\_\_

Client Name: \_\_\_\_\_ Client DOB: \_\_\_\_\_

Client Address: \_\_\_\_\_

Client City, State, Zip: \_\_\_\_\_

Client Contact Phone Number: \_\_\_\_\_

Legal Representative (if appropriate): \_\_\_\_\_

Legal Representative's Address: \_\_\_\_\_

Legal Representative's Phone Number: \_\_\_\_\_

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CHARLIE CRIST  
GOVERNOR

E. DOUGLAS BEACH, Ph.D.  
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