



Advocacy. Assistance. Answers on Aging.

WRAAA/PASSPORT Program

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REQUEST FOR INFORMATION FROM PREADMISSION REVIEW DEPT.

(Please do not use this form in response to an Additional Information Request Form)

Contact Person: _____ Facility Name: _____

Phone #: _____

Fax #: _____ (If Applicable) Consumer Name: _____

Email Address: _____ & Csmr Soc Sec# _____

(Please circle method by which you would like PAR to respond: phone fax e-mail)

** If PAR responds by email regarding a consumer, only the first name and first initial of the last name will be used and we are not permitted to use Social Security numbers in email transmissions.

Question(s): General questions regarding a consumer or CRISE, PASRR/LOC/LTCC rules, procedures, paperwork requirements etc...:

Four horizontal lines for entering question details.

Consumer Information

Send a copy

- PAS
LOC
PAS & LOC
CRISE Entry

For This Date _____

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