

Pre-Admission Review Customer Service Request

Fax this form to 513-345-8618

Nursing Facility Name: _____

My name is: _____

My phone number: _____ My FAX number: _____

Consumer Name	DOB	SS#
_____	_____	_____

- ☐ What is the status of the request that was sent to Pre-Admission Review on (date)_____ ?
- ☐ DJFS is reporting that the LOC effective _____ is not in CRIS-E.
- ☐ Do you have a PAS in your database for the date of _____?
- ☐ Do you have a LOC in your database for the date of _____?
- ☐ Please fax me another Review Results letter for a PAS effective _____.
- ☐ Please fax me another Review Results letter for a LOC effective _____.
- ☐ Other:

Comments

Area
Agency
on Aging
since 1974

Serving Butler,
Clermont, Clinton,
Hamilton, and
Warren counties

Funded in part by
Title III of the Older
Americans Act,
administered through
the Ohio Dept. of Aging,
and by local tax levies