



Connecticut Tracking Form

(this information may alternatively be submitted online at <http://pasrr.com/Connecticut/>)

The purpose of this form is to:

- 1) Report the location (admission, discharge, transfer) information of all persons who were evaluated through the PASRR Level II process as required under federal law
- 2) Obtain copies of level of care, PASRR Level I, PASRR Level II screening information for your records

Client Information:

First Name _____ Middle Initial _____ Last Name _____

SS# _____ Date of Birth _____

Purpose of This Tracking Form:

- I would like to update resident tracking information and receive a copy of screening information (must specify screen type below)
- I would like to update resident tracking information but do not need a copy of screening information
- I would like to request a copy of screening information (must specify screen type below)

Specify Screen Type: Level I Level of Care Level II

Status of the Individual (complete if a Level II evaluation was conducted):

| | |
|--|---|
| <input type="checkbox"/> Current resident of this facility | Admit Date: Facility Name: Facility Street: City: State: Zip: Phone: Contact Person: Fax: |
| <input type="checkbox"/> Former resident and/or discharging from this facility | Discharge Date: Discharge Location: <input type="checkbox"/> Home <input type="checkbox"/> Lower Level of Care <input type="checkbox"/> Hospital/General Medical Unit <input type="checkbox"/> Hospital/Psychiatric Unit <input type="checkbox"/> Transferred to another NF Facility Name: Street: City: State: Zip: Phone: Contact Person: Fax: <input type="checkbox"/> Other Setting (Specify): |
| <input type="checkbox"/> Deceased | Deceased date: |

Facility _____

Phone _____ Fax _____

227 French Landing Drive, Suite 250 ■ Nashville, TN 37228 ■ (877) 431-1388

Fax this document to Ascend at 1-877-431-9568 or submit information online at <http://pasrr.com/Connecticut/>