

FAX Cover Sheet

To: **New Choices Waiver Program Office** Fax: **1(801)323-1586**

Attention: _____ (NCW Team Member)

Date: _____

From (Agency): _____ (Case Management Agency)

Name: _____ (First and Last Name of Sender)

Phone: _____ (Direct Phone # of Sender)

Number of Pages Including Cover: _____

Client's Name: _____

This information is related to:

A new application/new referral or re-enrollment that's in process, not yet enrolled/re-enrolled:

- "Deadline Day" Documents (NOD, LOC Form, 114AR and/or Rental)
- Re-enrollment Documents
- Memory Care/Secured Unit Request Documents
- Care Plan Documents (Please specify: _____)
- Requested Log Notes/Records (Requested by: _____)
- Other (Please specify: _____)

An existing NCW client, currently enrolled:

- Disenrollment Documents
- Annual Review Documents (Annual LOC Form, Annual Rental)
- Care Plan Documents (Please specify: _____)
- Health Status Screening Report
- Requested Log Notes/Records (Requested by: _____)
- Memory Care/Secured Unit Request Documents
- Incident Report and/or Documents Related to an Incident Investigation
- Hearing/Appeal Documents
- Tracking Information (Inpatient admissions, temporary absences, vacations, etc.)
- Other (Please specify: _____)

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