

**The purpose of this form is to obtain copies of
PASRR Level II screening information for your records**

Client Information:

First Name _____ Middle Initial _____ Last Name _____
Last four digits of SS# _____ Date of Birth _____ State ID _____

Purpose of This Form:

I would like to request a copy of screening information (must specify screen type below)

Specify Screen Type:

Categorical/Exemption Level II

Facility _____

Phone _____ Fax _____

Fax this document to Ascend at 1-877-431-9568 (Attn: Iowa PASRR)