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Pre-Admission Review Customer Service

Request Please fax this form to: 513-810-3360

Nursing facility: _____

Submitter: _____

Email: _____ Fax: _____

Consumer Name

DOB

SSN

- ☐ What is the status of the level of care (LOC) request sent on _____?
- ☐ DJFS is reporting that the LOC effective _____ is not in their system.
- ☐ Is there a LOC on record for effective date _____?
- ☐ Please fax another Review Results letter for the LOC effective _____?
- ☐ Other: _____

Comments: _____

Council on Aging is designated by the state of Ohio to serve older adults and people with disabilities within a multi-county region. We are experts at helping people with complex medical and long-term care needs, offering a variety of services via publicly funded programs. **Our mission: Enhance lives by assisting people to remain independent through a range of quality services.**