

# FAX

TO:

FROM:

FAX:

FAX:

PHONE:

DATE:

Reason fax is being sent (please check appropriate box)

Complaint/Concern

New Home Application

Plan of Correction

Increase to Bed Size Application

SCG Application

Decrease to Bed Size Application

Home Closure Notification

Change of PCG Application

Household Member Change Notice

Other Requested Information

Other Change Notice

Comments