Confidential Request

Name of Facility: **Date:**

Requested by: **Email:**

Client Name (Last Name / First Name)	DCN	SSN	Admission Date to SNF	Was a previous Level 2 screening completed?	Does the SNF have a copy of previous Level 2 screening	COMRU use only

**** If the information regarding the Level II is not completed entirely, it will be assumed there was not a Level II completed or you do not have the Bock Report on file. Therefore, you may not receive the appropriate documentation and will have to complete new on-line forms (Level 1 form/ Level of Care)**

Please complete request electronically – Do not handwrite
All fields are required to be completed for each client.
(except COMRU use only)

☐ By checking the box, the submitter is requesting these forms under the Missouri Sunshine Law. There is a charge associated with requesting the forms: The Charge is $33.40 per hour and Additional fee of .10 per if the facility want the information via mail. Please indicate if the submitter would like to receive the request via email or mail.