

# Fax

maximus

**Subject:** Illinois Transitional Assessments

**To Name:** Assessment Pro  
**To Fax Number#:** (877) 431-9568

**From Name:** \_\_\_\_\_  
**From Fax #:** \_\_\_\_\_

**AssessmentPro Individual ID (IID):** \_\_\_\_\_

**Documents included:**

**Williams Class Members**

- ☐ Last 30 days of progress notes
- ☐ History and Physical (H&P)
- ☐ Medication List (MAR)
- ☐ Other: \_\_\_\_\_

**Colbert Class Members**

- ☐ Last 30 days of Medical Doctor (MD) progress notes
- ☐ Minimum Data Set (MDS)
- ☐ Medication List (MAR)
- ☐ Other: \_\_\_\_\_

