

# Fax

MAXIMUS®

**Subject:** Connecticut Level II Referral

**To Name:** Assessment Pro  
**To Fax Number#:** (877) 431-9568  
**Reason for referral:** check one

**From Name:** \_\_\_\_\_  
**From Fax #:** \_\_\_\_\_  
**Resident Review:**   
**Preadmission Screening:**

