



Confidential Fax
Residential State Supplement Program

Please deliver the following pages to:

Date:	Number of Pages (including cover sheet):
OhioMHAS - Community Transitions	Fax #: 614-485-9747

From:

Name of Sender:		Agency:	
Phone Number:	Fax Number:	Email:	

NOTES:

Note: Pursuant to State law, the information that is being transmitted is confidential and it must not be reviewed by unauthorized parties. It must be immediately given to the person listed as the recipient. If this information has been transmitted to you in error, please immediately notify the sender. To acknowledge receipt of the above faxed information, please use the contact information from sender above.