



VIRGINIA PASRR
RESIDENT TRACKING FORM

Please return this completed form to Maximus via fax at **877.431.9568**, Attn: Virginia PASRR. This form helps Maximus and the Commonwealth of Virginia track residents who have been referred for a PASRR.

Individual's Name _____
(Last) (First) (MI)

SSN- _____ Date of Birth _____

Upon completion of the Pre-Admission Screening, the following outcome occurred:

Nursing Facility Admission

Admitting Facility _____ Admitting Date _____

Contact Person _____ Contact Phone () _____

Admission to Alternative Level of Care

- Assisted Living Facility _____
- Group Home _____
- State Hospital _____
- Other _____

Other Outcome

- Discharged to/Remained in current residence
- Deceased _____
- Other _____