



## All Kids/FamilyCare Application Fax Transmittal Sheet

DATE:	TIME:	
FROM:		
PHONE #:		
ALL KIDS Application Agent:		<u> </u>
Provider ID #:		
Number of pages:		
Applicant's Name:		
(Last)		(First)
Applicant's Date of Birth:		
Describe reason for application priority processi		
REMINDER: Only	Fax new applications	

Do NOT mail the original application after faxing.