



# fax cover sheet

ONE COVER SHEET PER CLIENT - UPPERCASE ONLY

To: Los Angeles County California Children's Services

Fax: (855) 481-6821



## Provider Information

Number of Pages:  
(Including Cover Sheet)

Three empty boxes for page count

Name: [Grid of 25 empty boxes]

Organization: [Grid of 25 empty boxes]

Phone: [Grid of 10 boxes with dashes] Return Fax: [Grid of 10 boxes with dashes]



## Client Information

Last Name: [Grid of 25 empty boxes]

First Name: [Grid of 20 empty boxes] Gender: [Grid of 2 empty boxes]

CCS #: [Grid of 10 empty boxes] Date of Birth: (MM/DD/YYYY) [Grid of 10 boxes with dashes]



Comments:

Large empty rectangular box for comments

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