All Kids/FamilyCare Application Fax Transmittal Sheet

DATE: _____   TIME: _____ ☐

FROM: _____   TO: *ALL KIDS* UNIT
                                          217 785-1647
PHONE #: _____

ALL KIDS Application Agent: _____

Provider ID #: _____

Number of pages: _____

Applicant's Name: _____
                            (Last)   (First)

Applicant's Date of Birth: _____

Describe reason for application priority processing: _____

_____

_____

_____

_____

> **REMINDER: Only Fax new applications.**
> **Do NOT mail the original application after faxing.**

HFS 3710 (R-11-09)