



**PRTF APPLICATION FAX COVER SHEET**

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# FAX COVER SHEET

TO: Phillip McMillan, Director of Admissions FAX: 1 (318) 232-1157

SUBJECT: Admission Application for Psychiatric Residential Treatment Facility

Please place a check mark by the documents which you are including with this FAX transmission.

- PRTF Application and Admission Assessment Form
- Psychological Evaluation
- Child's Immunization Record
- Child's Health Report
- Clinical Assessments
- Educational Records (IEP or 504 Plan if applicable)
- Discharge Summaries from previous treatment programs

COMMENTS: \_\_\_\_\_  
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