

Total # of FC
in the Home

FH _____

Date Faxed _____

DO NOT fax paperwork for NMD (non-minor dependents) see ATC SW

Please use this cover sheet when faxing your monthly forms. To qualify for the excellent rate, forms are due between the 1st through the 5th of each month. **USE CHECK BOXES TO INDICATE FAXED DOCUMENTS**
Blank forms are available at: www.atcffa.com/FP-HomeFile-Forms.html

FC _____

Out Date: _____

- | | | |
|--------------------------|---|---------------|
| <input type="checkbox"/> | Allowance Log | if applicable |
| <input type="checkbox"/> | Visitation Log | |
| <input type="checkbox"/> | Height and Weight | |
| <input type="checkbox"/> | Medical Log | |
| <input type="checkbox"/> | Medication and Administration Log | |
| <input type="checkbox"/> | Centrally Stored Medication and Destruction Log | |

FC _____

Out Date: _____

- | | | |
|--------------------------|---|---------------|
| <input type="checkbox"/> | Allowance Log | if applicable |
| <input type="checkbox"/> | Visitation Log | |
| <input type="checkbox"/> | Height and Weight | |
| <input type="checkbox"/> | Medical Log | |
| <input type="checkbox"/> | Medication and Administration Log | |
| <input type="checkbox"/> | Centrally Stored Medication and Destruction Log | |

If you need to fax forms other than the monthly forms listed above, please do so separately, as this will help to sort and correlate accurately.