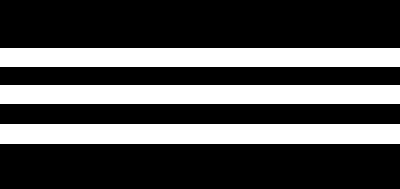
**Print Form**

fax cover sheet

# ONE COVER SHEET PER CLIENT - UPPERCASE ONLY

**To: Los Angeles County California Children's Services Fax: (855) 481-6821**

# Provider Information

**Name:**



**Number of Pages:**

**(Including Cover Sheet)**

**Organization:**

**Phone: - -**

**Return Fax:**

**- -**



# Client Information

**Last Name:**

**First Name:**

**CCS #:**

**Comments:**

**Date of Birth:**

**(MM/DD/YYYY)**

**Gender:**

**- -**

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