

FAX COVER SHEET

Date:	Pages:
To: Kevin Kunak DMHAS RD	From: YAS Agency:
Fax: (860) 418-6692	Fax:
Phone: (860) 418-6731	Phone:

YAS Progress/Discharge Reports follow:

Number of reports: _____

Please check pages in each report :

Enter client initials:	Progress Report	Discharge Page	Pregnancy Page	Parenting Page

Please fax no more than 10 reports in each submission. Thank you!