MI AND MR RESIDENT LEVEL II PASRR REPORT FOR THE MONTH OF _____

1. Identify admissions, discharges, and deceased residents who have a diagnosis of MI /MR determined by the OBRA PASRR Office.
2. Report is due by the 10th of the month only if there are changes.
3. **Mail Report to**: Alabama OBRA PASRR Office
   P.O. Box 301410
   Montgomery, Al 36130-1410
   or **E-Mail Report to**: carolyn.perdue@mh.alabama.gov or **Fax to**: 334-242-0822

NAME	SSN	ADMIT/ RE-ADMIT DATE	DISCHARGED / TRANSFERRED DATE	LOCATION	DECEASED DATE

Facility Name: _____

Address: _____

_____

Telephone # _____

Completed by: _____

The above is true and correct to the best of my knowledge

Administrator: _____