



# FLORIDA MDS ASSESSMENT MERGE/SPLIT REQUEST FORM

**Reason for Merge/Split Request (choose one):**

*Merge* assessments submitted under multiple resident ID numbers (assessments for Resident #1 will be reassigned to Resident #2 and Resident #1 will be deleted).

*Split* assessments erroneously combined under one resident ID due to resident matching logic (selected assessments for Resident #1 will be reassigned to Resident #2).

RESIDENT #1:					RESIDENT ID#:				
SSN	FIRST NAME	M.I.	LAST NAME		DOB	GENDER			
Facility ID	Assessment ID	A0310A	A0310B	A0310C	A0310D	A0310E	A0310F	A0310G	Effective Date

RESIDENT #2:					RESIDENT ID#:				
SSN	FIRST NAME	M.I.	LAST NAME		DOB	GENDER			
Facility ID	Assessment ID	A0310A	A0310B	A0310C	A0310D	A0310E	A0310F	A0310G	Effective Date

I hereby request the designated changes to the State Database as described above. I certify that this accurately reflects resident assessment or tracking information for this resident. I further certify that I am authorized to submit this information by this facility on its behalf.

Signature and Title	Date	
Facility Name	Contact Phone Number	Contact E-Mail