



FLORIDA OASIS 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	Submission Batch ID	M0100_ASSMT_REASON	M0090) Date Assessment Completed	Submission Date		

RESIDENT #2:					RESIDENT ID#:		
SSN	FIRST NAME	M.I.	LAST NAME	DOB	GENDER		
Facility ID	Assessment ID	Submission Batch ID	M0100_ASSMT_REASON	M0090) Date Assessment Completed	Submission 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

Agency Name

Contact Phone Number

Contact E-Mail