



Fax Cover Sheet for TxHmL and HCS

Texas Home Living (TxHmL)/Home and Community-based Services (HCS)
Transfer, Continuation of Suspension and Termination Requests

Important: **DO NOT fax a request until AFTER all of the data entry screens have been completed in the Client Assignment and Registration (CARE) System, unless requested by DADS.**

Date: _____ No. of pages (including cover sheet): _____

To: _____ Fax No.: _____
Name of DADS Program Enrollment Contact:

From: _____ Fax No.: _____
Name of Service Coordinator (or other sender)

Email: _____ Telephone No: _____
Email for Service Coordinator (or other sender)

Name of Local Authority (LA) LA Component Code

Check the appropriate box below:

☐ **Transfer of Waiver Program Services** (must include):

1. Form 3617, Request for Transfer of Waiver Program Services; and
2. Form 3608, Individual Plan of Care – HCS, OR Form 8582, Individual Plan of Care – TxHmL.

☐ **Continue Suspension of Waiver Program Services** (must include):

1. Form 3615, Request to Continue Suspension of Waiver Program Services; and
2. Items listed in the "Required Documentation" section of the form.

☐ **Termination of Waiver Services** (must include):

1. Form 3616, Request for Termination of Waiver Program Services;
2. Discharge meeting notes signed and dated by all meeting attendees; and
3. 90-day, 180-day and 270-day review notes, if applicable.

☐ **Other** (if none of the above): _____

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