



TEXAS
Health and Human
Services

**Financial Management Services Agency (FMSA) First Consumer
Fax Cover Sheet**

Date _____

To:

HHSC, Access and Intake, Program Enrollment Contact Name: _____

HHSC, Access and Intake, Program Enrollment Telephone Number: _____

HHSC, Access and Intake, Program Enrollment Fax Number: _____

Number of pages including this page: _____

From:

FMSA Legal Name: _____

FMSA Component Code: _____

FMSA Contact Name: _____

FMSA Contact Telephone Number: _____

FMSA Contact Fax Number: _____

FMSA Contact Email: _____

HCS or TxHmL Program Provider: _____

HCS or TxHmL Program Provider Component Code: _____

HCS or TxHmL Program Provider Contact Name: _____

HCS or TxHmL Program Provider Contact Name Telephone Number: _____

Check Enrollment or Transfer:

Enrollment (must include the following form)

1. Form 1584, Consumer Participation Choice

Transfer (must include the following forms)

1. Form 1584, Consumer Participation Choice
2. Form 3617, Request for Transfer of Waiver Program Services

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