TEXAS Health and Human Services

Form 1023
January 2008-E

Request for Services Funded by General Revenue

Individual's Name	Medicaid No.	Date of Birth

Waiver

☐ CBA ☐ CLASS ☐ DBMD ☐ MDCP ☐ HCS

Waiver Status

☐ Applicant (proposed enrollment date) ☐ Participant since

Individual's Health and Safety

1. Based on provider input, the individual's health and safety cannot be protected by the services provided within the individual waiver cost limit established for the program identified above. Please explain.

2. There is no other available living arrangement in which the individual's health and safety can be protected as evidenced by an assessment conducted by DADS clinical staff and supporting documentation, including the individual's medical and service records.

Budget Request

The annual amount of general revenue requested to protect the health and safety of the individual is:

General Revenue ..... _____

Waiver Cost Limit ..... _____

Total Cost of Services ..... _____

_____ _____
Signature – State Office Staff Date

_____ _____
Signature – Section Manager Date

_____ _____
Signature – Chief Financial Officer Date

_____ _____
Signature – Assistant Commissioner Date

_____ _____
Signature – Deputy Commissioner Date

Commissioner's Decision

☐ Approve ☐ Disapprove

_____ _____
Signature – DADS Commissioner Date