Texas Department of Aging
and Disability Services

Form 2026
May 2008-E

Regulatory Services Division

Request for Review and Approval of Administrator Training for Home and Community Support Services Agencies (HCSSAs)

Name of Licensed Agency or Consulting Company	
If licensed agency, provide your license number:	If consulting company, provide contact name:
Address (Street, City, State, ZIP code)	
Area Code and Telephone No.	Fax Area Code and Telephone No.

For agencies seeking approval to provide training, will training be offered to the general public or to members of your own agency only? Check one.

☐ Agency Staff Only ☐ General Public (☐ *Include my contact information on the DADS website.*)

Name, Duration and Regulatory Reference of Courses Submitted

For each course submitted, provide the title of the course, the duration in clock hours of the course and the regulatory reference in the table below. If you need additional space, you may copy this form and attach the additional page(s) as an addendum.

Course Title	Duration in Clock Hours	Regulatory Reference
Example: How to Act or Not to Act: A Discussion of the Federal Acts	4 Hours	40 TAC §97.259(c)(2)(C)-(F)

For each course, attach sample certificates, job descriptions for the trainers (including course-specific qualifications if appropriate) and a course outline or list of discussion topics. Please do not submit your full curriculum.

Name of Licensed Agency or Consulting Company

If you will provide training to the general public, describe your marketing strategy. Attach a sample training brochure.

Additional information you wish to have considered.

DADS Regulatory Services Staff Use Only

Date Received	Reviewer Assigned	Decision ☐ **Approved** ☐ **Denied**
Basis for Denial		
Date Letter Mailed to Provider	Reviewer Signature	Date Completed