Texas Department of Aging
and Disability Services

Form 2372
April 1994-E

In-Home and Family Support Program

Form Payment History

Individual's Name	**Social Security No.**

Capital Expenses – Describe the expense; document actual amount and date from Form 4116:

Capital Expense	Amount	Date

Subsidies – List amount and date from Form 4116:

Amount	Date	Amount	Date	Amount	Date