TEXAS
Health and Human Services

Form 3605
June 2010-E

Home and Community-based Services (HCS) Program

Parent or Legally Authorized Representative (LAR) Contact Information for Individuals Under 22 Years of Age

In accordance with the Texas Government Code, §531.1533, the parent or Legally Authorized Representative (LAR) of an individual under the age of 22 years who is receiving supervised living or residential support in the HCS Program must provide the contact information on this form. The parent or Legally Authorized Representative (LAR) must also provide a signed acknowledgement of responsibility described at the bottom of this form.

Name of Individual Receiving HCS Services		
Name of Parent/LAR ☐ Parent ☐ Legally Authorized Representative (LAR)		Telephone No(s). of Parent/LAR (Home and Cell)
Address of Parent/LAR		
Driver License No. of Parent/LAR	State of Issuance	DPS Personal Identification Card No.
Employer of Parent/LAR		Employer Telephone No.
Employer Address		

Emergency Contact Information

Name of Relative/Other Person the HCS Provider, Service Coordinator or DADS May Contact	Telephone No(s). of Parent/LAR (Home and Cell)
Address	
Driver License No. and State of Issuance (optional)	DPS Personal Identification Card No. (optional)
Employer (optional)	Employer Telephone No. (optional)
Employer Address (optional)	

Name of Service Coordinator	Name of HCS Program Provider Representative

Attestation

I, _____, the parent or legally authorized representative of _____. agree to notify the service coordinator and HCS provider representative of any changes to the contact information above and to make reasonable efforts to participate in _____'s life and in planning activities for him/her.
I understand that if the contact information on this form is not provided or is not accurate and the service coordinator and the Department of Aging and Disability Services (DADS) are unable to locate me, then DADS will refer the case to the Department of Family and Protective Services.

_____
Printed Name–Parent/LAR

_____ _____
Signature–Parent/LAR Date