TEXAS
Health and Human Services

Form 3610
May 2014-E

Texas Home Living (TxHmL)/Home and Community-based Services (HCS)

Informal Review Request

Provider			
Component Code	Contract No.		Wavier Program ☐ TxHmL ☐ HCS
Type of Review ☐ Annual/Initial Certification ☐ Follow-up ☐ Intermittent		Serious/Pervasive Issue ☐ Yes ☐ No	Date of Exit
Principle in Noncompliance (must include principle number)			
Rationale for Informal Review Request			

Signature – Program Manager

Date

Signature – Chief Executive Officer

Date

Requests for informal reviews must be based on principles found out of compliance on the draft review findings. Your request for informal review must be received by the Department of Aging and Disability Services (DADS) within **seven calendar days** of the exit conference. Should you elect to request an informal review, please submit **one** copy of this form for each principle found in non-compliance that you would like reviewed. Please attach documentation related to the principle shown to the reviewers during the review that you would like considered. Send this information to:

Compliance and Oversight
Attn: Informal Review Request
DADS Regulatory Services
Mail Code E-306
P.O. Box 149030
Austin, TX 78714-9030
If less than 50 pages, Fax 512-438-4171