TEXAS Health and Human Services

Form 3681-A
December 2015-E

Residential Care (RC) and Adult Foster Care (AFC)

Community Services Contract Application – Addendum A

1. Legal Name of Entity		2. Doing Business As (DBA), if applicable
3. Facility Physical Address (Street, City, State, ZIP code)		
4. Assisted Living Facility License No.	5. Size of Assisted Living Facility (Check one) ☐ Small (16 or fewer beds) ☐ Large (17 or more beds) ☐ Other (specify):	
6. Licensed Capacity	7. Nursing Facility License No.	8. Type of Assisted Living Facility License (check one) ☐ A ☐ B

I. Residential Care – Non-Apartment

Program	No. of Beds
☐ Community Care for Aged and Disabled (CCAD)	

II. Residential Care – Apartment

Program	No. of Beds
☐ Community Care for Aged and Disabled (CCAD)	

Square Footage Calculation for Residential Care Apartments

A. Identifying Information		B. Private Space Area	C. Area Width	D. Area Length	E. Private Space Square Footage (CxD)
Apt. No.	Address	1. Living			
		2. Bedroom			
		3. Kitchen			
		4. Storage (within private Space Area)			
				F. Total Private Space Square Footage (Sum E1-E4)	
				G. Private Space Square Footage per Resident (F ÷ 2)	
				H. Allocated Common Area Square Footage (See footnote below.)	
				I. Total Square Footage per Resident (G + H)	

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Apt. No.	Address	1. Living			
		2. Bedroom			
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		4. Storage (within private Space Area)			
				F. Total Private Space Square Footage (Sum E1-E4)	
				G. Private Space Square Footage per Resident (F ÷ 2)	
				H. Allocated Common Area Square Footage (See footnote below.)	
				I. Total Square Footage per Resident (G + H)	

Footnote: If the private space square footage per resident (G) is less than 350 square feet, complete the Allocated Common Area Calculation table in this section and enter the result here.

1. Legal Name of Entity	2. Doing Business As (DBA), if applicable

II. Residential Care – Apartment (continued)

Square Footage Calculation for Residential Care Apartments

A. Identifying Information		B. Private Space Area	C. Area Width	D. Area Length	E. Private Space Square Footage (CxD)
Apt. No.	Address	1. Living			
		2. Bedroom			
		3. Kitchen			
		4. Storage (within private Space Area)			
				F. Total Private Space Square Footage (Sum E1-E4)	
				G. Private Space Square Footage per Resident (F ÷ 2)	
				H. Allocated Common Area Square Footage (See footnote below.)	
				I. Total Square Footage per Resident (G + H)	

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Apt. No.	Address	1. Living			
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				F. Total Private Space Square Footage (Sum E1-E4)	
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				H. Allocated Common Area Square Footage (See footnote below.)	
				I. Total Square Footage per Resident (G + H)	

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Apt. No.	Address	1. Living			
		2. Bedroom			
		3. Kitchen			
		4. Storage (within private Space Area)			
				F. Total Private Space Square Footage (Sum E1-E4)	
				G. Private Space Square Footage per Resident (F ÷ 2)	
				H. Allocated Common Area Square Footage (See footnote below.)	
				I. Total Square Footage per Resident (G + H)	

Footnote: If the private space square footage per resident (G) is less than 350 square feet, complete the Allocated Common Area Calculation table in this section and enter the result here.

1. Legal Name of Entity	2. Doing Business As (DBA), if applicable

II. Residential Care – Apartment (continued)

Allocated Common Area Calculation

Address

A. Useable Area Description	B. Area Width	C. Area Length	E. Area Square Feet (BxC)
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
		E. Useable Common Area Square Footage (Sum of D 1-10)	
		F. Licensed Capacity	
		G. Allocated Common Area Square Footage per Resident (C+F)	

1. Legal Name of Entity	2. Doing Business As (DBA), if applicable

III. Adult Foster Care

Check the program(s) and enter the number of beds you wish to offer for each program.

Program	AFC Level (I,II or III)	No. of Beds
☐ Community Care for Aged and Disabled (CCAD)	N/A	

Square Footage Calculation for AFC Bedrooms

A. Bedroom No. and Occupancy	B. Program	C. Bedroom Width	D. Bedroom Length	E. Area Square Feet (CxD)
Bedroom No._____ ☐ Single (80 sq. ft) ☐ Double (120 sq. ft)	☐ CCAD			
Bedroom No._____ ☐ Single (80 sq. ft) ☐ Double (120 sq. ft)	☐ CCAD			
Bedroom No._____ ☐ Single (80 sq. ft) ☐ Double (120 sq. ft)	☐ CCAD			
Bedroom No._____ ☐ Single (80 sq. ft) ☐ Double (120 sq. ft)	☐ CCAD			
Bedroom No._____ ☐ Single (80 sq. ft) ☐ Double (120 sq. ft)	☐ CCAD			
Bedroom No._____ ☐ Single (80 sq. ft) ☐ Double (120 sq. ft)	☐ CCAD			
Bedroom No._____ ☐ Single (80 sq. ft) ☐ Double (120 sq. ft)	☐ CCAD			

1. Legal Name of Entity	2. Doing Business As (DBA), if applicable

IV. Other Out-of-Home Respite

Check the program(s)/setting(s) you wish to offer.

☐ Out-of-Home Respite Nursing Facility

V. Certification

I certify that all information provided in this application is true and correct.

If applicable, I also certify that the bedrooms(s)/apartment(s) documented above have previously been approved under a DADS contract and were removed from a DADS contract on ____(date)____ . I further certify that the bedroom(s)/apartment(s) have not been modified since they were under a DADS contract.

Signature – Authorized Person	Date
Name of Authorized Person (please print or type)	Title of Authorized Person (please print or type)