TEXAS
Department of Aging
and Disability Services

COMMISSIONER
Jon Weizenbaum

Financial Management Services Agency (FMSA) First Consumer Fax Cover Sheet

Date _____

To:

DADS, Access and Intake, Program Enrollment Contact Name: **Program Advisor**

DADS, Access and Intake, Program Enrollment Telephone Number: **512-438-5055**

DADS, Access and Intake, Program Enrollment Fax Number: **512-438-4249**

Number of pages including this page: _____

From:

FMSA Legal Name: _____

FMSA Component Code: _____

FMSA Contact Name: _____

FMSA Contact Telephone Number: _____

FMSA Contact Fax Number: _____

FMSA Contact Email: _____

HCS or TxHmL Program Provider: _____

HCS or TxHmL Program Provider Component Code: _____

HCS or TxHmL Program Provider Contact Name: _____

HCS or TxHmL Program Provider Contact Name Telephone Number: _____

Check Enrollment or Transfer:

☐ **Enrollment** (must include the following form)

1. Form 1584, Consumer Participation Choice

☐ **Transfer** (must include the following forms)

1. Form 1584, Consumer Participation Choice
2. Form 3617, Request for Transfer of Waiver Program Services

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