

Escheatment of Consumer Funds

Mail completed form and payment to:

Texas Department of Aging and Disability Services (DADS)
ATTN: Accounts Receivable, Mail Code E-411
P.O. Box 149030
Austin, TX 78714-9030

Make check payable to:

DADS
Indicate on check money is to Escheat Consumer Trust Funds

Section 1: Provider Information

Provider Type			
<input type="checkbox"/> Nursing Home	<input type="checkbox"/> ICF/IID	<input type="checkbox"/> Assisted Living/Residential Care	<input type="checkbox"/> Adult Foster Care
Provider Name		Vendor Number	Contract Number
Mailing Address			
Contact Name		Contact Area Code and Telephone Number	

Section 2: Reason for Escheatment

<input type="checkbox"/> Deceased/Discharged Consumer (must complete Section 3)	<input type="checkbox"/> Pooled Trust Fund Bank Account Overage (consumer not identified)	Amount of Overage \$
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Section 3: Consumer Information

Consumer Name		Date of Birth	Social Security No.	Amount of Funds \$
Date of Death/Discharge	Last Known Forwarding Address of Consumer			
Name of Guardian/Legally Authorized Representative (LAR)		Guardian/LAR Address		
Consumer Name		Date of Birth	Social Security No.	Amount of Funds \$
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Consumer Name		Date of Birth	Social Security No.	Amount of Funds \$
Date of Death/Discharge	Last Known Forwarding Address of Consumer			
Name of Guardian/Legally Authorized Representative (LAR)		Guardian/LAR Address		

Section 4: Provider Certification

I certify this money is consumer funds and is not the property of the provider. I further certify that for deceased or discharged consumers, the provider has made a bona fide effort to locate the consumer or the consumer's guardian or legally authorized representative.

Name of Provider Representative	Title or Position	Date
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Continuation Page for Section 3., Consumer Information (if needed)

Consumer Name	Date of Birth	Social Security No.	Amount of Funds \$
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Date of Death/Discharge	Last Known Forwarding Address of Consumer		
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Name of Guardian/Legally Authorized Representative (LAR)	Guardian/LAR Address
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