TEXAS
Department of Aging
and Disability Services

COMMISSIONER
Jon Weizenbaum

Date

Name of Person on Interest List
Address of Person on Interest List
City, State, ZIP Code of Person on Interest List

Re: Interest List ID No.

Dear Name of Person on Interest List:

Your name is on the interest list(s) for the following DADS program(s):

Name of Program/Services	Request Date

We have been trying to contact you to determine whether you are still interested in staying on the interest list(s) above and to confirm your contact information.

If you are still interested in the program(s) listed above, call area code and telephone number or sign below, update information and mail this form back in the envelope provided.

You must contact us by telephone or mail this form back no later than 30 days from the date of this letter or your name will be removed from the interest list(s). If your name is removed from the current list(s) and you decide in the future that you would like to receive services from the program(s), your name will be placed at the bottom of the list.

☐ I want to remain on the interest list(s) for the program/service(s) noted above.

Signature of Person on Interest List or Representative

If any of your contact information has changed, provide the information below and use the enclosed envelope to return this form.

Address		
Home Area Code and Telephone No.	Cell Area Code and Telephone No.	Work Area Code and Telephone No.
Alternate Contact Person's Name	Alternate Contact Person's Area Code and Telephone No.	