



**Notification of Nursing Facility Admission of Individual Under Age 22**

Fax completed form to the Texas Department of Aging and Disability Services.

Fax Telephone No.: 512-438-2180

From: \_\_\_\_\_ Fax Area Code and Telephone No.: \_\_\_\_\_

No. of Pages, including cover: \_\_\_\_\_ Area Code and Telephone No.: \_\_\_\_\_

Subject: New Admission Date: \_\_\_\_\_

**Note:** Nursing facilities are required to notify the Texas Department of Aging and Disability Services by fax within three days of the admission of any individual under 22 years of age.

**Information about the individual:**

Individual's Full Name (Last, First, Middle Initial)			
Date of Birth	Admission Date	Medicaid No.	Social Security No.
Does the individual have a current diagnosis of an intellectual or developmental disability? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Current Diagnosis: _____		Date of Diagnosis: _____	
Needs help with: <input type="checkbox"/> Personal Care <input type="checkbox"/> Communicating <input type="checkbox"/> Learning <input type="checkbox"/> Walking			

**Information about your facility:**

Facility Name	
Address	
Contact Person	Area Code and Telephone No.

**Information about individual's family contact:**

Parent/Guardian Name(s)	
Address of Parent/Guardian	
City, State, ZIP Code	Area Code and Telephone No.