

Texas Home Living Program
Service Coordination Notification

Individual's Name and ID	Local Authority	Date
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(At the time waiver enrollment is approved – based on C61 or C67 screen in CARE)

I, _____, have been informed of:
(Individual/Legally Authorized Representative (LAR)/Family Member)

1. the eligibility criteria for the Texas Home Living (TxHmL) Program;
2. the services and supports of the TxHmL Program and the limits of those services and supports; and
3. the specific reasons a person may be discharged from the TxHmL Program, which are:
 - a. the person no longer meets the eligibility criteria;
 - b. the person requests discharge; or
 - c. the person refuses to cooperate in the delivery or planning of services.

I understand that my service coordinator _____, will:
(Service Coordinator Name) (Area Code and Telephone No.)

- assist me to exercise my legal rights;
- assure my participation in developing a Person Directed Plan and Individual Plan of Care that meets my identified needs;
- assure that any restriction affecting me is approved by my service planning team;
- assure that I am informed of decisions regarding denial or termination of services and my right to request a fair hearing;
- assure that, if needed, I will participate in developing a discharge plan that addresses assistance for me after discharge; and
- assist me to transfer my TxHmL services from one program provider to another program provider of my choice.

Signature <input type="checkbox"/> Individual <input type="checkbox"/> Legally Authorized Representative	Date
Family Member (if applicable)	Date
Service Coordinator Signature	Date

Note: Provide copy to individual/LAR/family member; maintain original in individual's record.