

APPLICATION FOR CHANGE Nursing Facility Administrator or Administrator for Intermediate Care Facilities for Individuals with an Intellectual Disability or Related Conditions

1. Facility Name			2. Facility ID No.		3. Effective Date of Change	
4. Physical Address (Street, City, State, ZIP)					5. County	
6. Facility Telephone No. ()		7. Facility FAX No. ()		8. Facility Internet Address		
9. Name of New Administrator (Mr., Ms., Dr.) First Name MI Last Name		10. Social Security No. (Jr., Sr.)	11. Administrator License No.		Expiration Date (attach current renewal card)	



New Nursing Facility Administrator's Permanent Address (Street, City, State, Zip)					County	
New Nursing Facility Administrator's Mailing Address (Street, City, State, Zip)					County	

Submit \$20 Application Fee. (Make check or money order payable to the Texas Department of Aging and Disability Services.).....

Fee Enclosed \$

OWNER/APPLICANT: The facts set forth in the foregoing application are true to the best of my knowledge. I understand that submission of false information in the foregoing application will constitute grounds for denial, suspension, or revocation of my state license.

_____ Signature—Owner/Applicant (or Authorized Representative) _____ Date

Sworn to me and subscribed before me this _____ day of _____, 20____. _____ Signature—Notary Public

With a few exceptions, you have the right to request and be informed about the information that the Texas Department of Aging and Disability Services (DADS) obtains about you. You are entitled to receive and review the information upon request. You also have the right to ask DADS to correct information that is determined to be incorrect (Government Code, Sections 552.021, 552.023, 559.004). To find out about your information and your right to request correction, please contact Regulatory Services Division at (512) 438-2630.

CHECKLIST: • Nursing Home Administrator's Current Renewal Card (nursing facilities only) • Fee (\$20.00) • Notary Signature/Seal

FOR DADS USE ONLY		Remittance No. and Date
Application Approval Date	Reviewer	