Texas Dept. of Aging and Disability Services LTC-Regulatory (E-342)
P.O. Box 149030
Austin, TX 78714-9030
(512)438-2630 FAX: (512)438-2727

APPLICATION FOR CHANGE

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

4. Physical Address (Street, City, State, ZIP) 5. County 7. Facility FAX No. () 9. Name of New Administrator (Mr., Ms., Dr.) First Name MI Last Name (Jr., Sr.) 10. Social Security No. 11. Administrator License No. Expiration Date (attach current renewal card)	(0.2).00 2000	,0.2,100 2.2.			_			
6. Facility Telephone No. () () 9. Neare of New Administrator Mr. Me, Di.) First Name Mr. Last Name Mr. Last Name () New Nursing Facility Administrator's Permanent Address (Street, City, State, Zip) New Nursing Facility Administrator's Address (Street, City, State, Zip) New Nursing Facility Administrator's Mailing Address (Street, City, State, Zip) Submit \$20 Application Fee, (Make check or money order payable to the Texas Department of Agring and Disability Services.) Submit \$20 Application Fee, (Make check or money order payable to the Texas Department of Agring and Disability Services.) Submit \$20 Application Fee, (Make check or money order payable to the Texas Department of Agring and Disability Services.) Submit \$20 Application Fee, (Make check or money order payable to the Texas Department of Agring and Disability Services.) Submit \$20 Application Fee, (Make check or money order payable to the Texas Department of Agring and Disability Services.) Submit \$20 Application Fee, (Make check or money order payable to the Texas Department of Agring and Disability Commentation in the foregoing application will constitute grounds for denial, suspension, or revocation of my state license. Signature—Owner/Applicant (or Authorized Representative) Date With a few exceptions, you have the right to request and be informed about the information that the Texas Department of Agring and Disability. With a few exceptions, you have the right to request and be informed about 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 (21, 552 (23, 559 (04), To find out about your information and your right to request correction, please contact Regulatory Services Division at (612) 438-2630. CHECKLIST: *Nursing Home Administrator's Current Renewal Card (nursing facilities only) *Fee (\$20.00) *Notary Street Card Card Card Card Card Card Card Card	1. Facility Name				2. Facility ID No.	3. Effe	ective Date of Change	
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Submit \$20 Application Fee. (Make check or money order payable to the Texas Department of Aging and Disability Services.) 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 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	New Nursing Facility Administrator's Permanent Address (Street, City, State, Zip)					County		
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