



**Interest List Contact Notification**

Date:

(Name and Address)

HHSC Case Worker:

HHSC Office Area Code and Phone No.:

HHSC Office Address (Street, City, State and ZIP Code):

Interest List ID No.	Name of Person on Interest List
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This form is provided to confirm you want to remain on the Community Services Interest List for following HHSC program(s) or service(s) listed below:

Name of Program or Services	Request Date

If you are still interested in the program(s) listed above, call the phone number listed in the above HHSC box or check the below appropriate box. It is important that you complete and return this form or call the phone number listed in the above HHSC box to update your record.

- Yes, I want to keep my name on the interest list for the program(s) or service(s) listed above.**
- No, I am not interested and would like my name removed from the list. A signature is required to remove an individual's name from the interest list.**

**Complete the box if contact information has changed.**

Address (Street, City, State and ZIP Code)		
Home Area Code and Phone No.	Cell Area Code and Phone No.	Work Area Code and Phone No.
Alternate Contact Person's Name		Alternate Contact Person's Area Code and Phone No.

**Sign and mail this form back in the envelope provided.**

<b>Printed Name</b>	<b>Signature of Person on Interest List or Representative</b>	<b>Date</b>