Form 8591
April 2022-E

Local Intellectual and Developmental Disability Authority (LIDDA)
Home and Community-based Services (HCS) and Texas Home Living (TxHmL)

Community Services Interest List (CSIL) Data Entry

Section 1, LIDDA Information

Date	LIDDA Component Code	LIDDA Name

LIDDA Contact Person	Area Code and Phone No.	Email

Section 2, Person's Information

Client Assignment and Registration (CARE) ID	Local Case No.	Gender	☐ Female ☐ Male ☐ Unknown

First Name	Middle Name	Last Name	Suffix

Date of Birth	Age	Social Security No.	Residence County

Address	City	State	ZIP Code

Ethnicity ☐ American Indian or Alaskan Native ☐ Asian or Pacific Islander ☐ Black (not Hispanic) ☐ White (not Hispanic) ☐ Hispanic ☐ Other (specify)

Section 3, Primary Correspondent's Information

Primary Correspondent's Name	Area Code and Phone No.	Email

Address	City	State	ZIP Code

Section 4, Reason for Interview

- ☐ Adding a record
- ☐ Updating an existing record
- ☐ Transferring an existing record to a different LIDDA
- ☐ Resides in an active military household
- ☐ Not interviewed (skip to Section 6)
- ☐ Intellectual and developmental disability contact declined

Section 5, Interview

Is the person receiving Supplemental Security Income (SSI) benefits? ☐ Yes ☐ No ☐ Pending ☐ Unknown

Is the person receiving Medicaid benefits? ☐ Yes-Medicaid No. ☐ No ☐ Pending ☐ Unknown

What is the person's current living arrangement?

- ☐ Resides in a family member's or friend's home
- ☐ Resides in own home (not with parents)
- ☐ Resides in a foster care home
- ☐ Resides in an Independent Living (IL) home
- ☐ Other (specify)
- ☐ Resides in an Assisted Living or Residential Care Home
- ☐ Resides in a Nursing Facility
- ☐ Resides in an Intermediate Care Facility (ICF)
- ☐ Resides in a State Supported Living Center (SSLC) or State Hospital

If currently residing at home (i.e., not residing in any type of facility), what is the age of the main caregiver?

If currently residing in any type of facility, what is the name of the facility? Facility Name

Facility Admission Date: Facility Discharge Date:

Do you think a move will be needed within one year? ☐ Yes ☐ No ☐ Unknown

When does the person want services? ☐ Immediately ☐ Within 1 year ☐ Within 2 years ☐ More than 2 years

What is the person's preferred HCS living arrangement? ☐ Host Home/Companion Care ☐ First Available ☐ Group Home ☐ None

Is the person currently receiving any of the following community services (see form instructions for acronym list)?

☐ None	☐ CMPAS	☐ PAS (FC/PHC/CAS)	☐ DBMD	☐ TxHmL
☐ Unknown	☐ DAHS	☐ Respite	☐ MDCP	☐ HCS
☐ AFC	☐ ERS	☐ SSPD	☐ Children Protective Services	☐ STAR+PLUS Waiver
☐ AL/RC	☐ Meals	☐ CLASS	☐ Adult Protective Services	

Section 6, Interviewer's Comments

CSIL ID	Data Entry Date	Name of Person Completing Data Entry	Area Code and Phone No.	Email