

Resident's Request to Remain in Facility

Complete this form when the assisted living facility or the Texas Health and Human Services Commission (HHSC) has determined that a resident is inappropriately placed in an assisted living facility. Submit the completed form and all documentation to the Regulatory Services regional office for your area of the state.

Name of Facility	Facility ID
Resident's Name	

Complete the section that applies:

Date Facility Determined Resident is Inappropriately Placed

Or

Date of HHSC Visit	Date Facility Received Form 3724 (Statement of Licensing Violations and Plan of Correction)
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This section is to be completed by the resident or by a family member of the resident, if the resident lacks capacity.

I, _____, wish to continue residing in the above referenced assisted living facility.
(name of resident)

Or

I request that _____, remain in the above referenced assisted living facility. I am making this request
(name of resident)
because the resident lacks capacity to give a statement.

I understand that there has been a determination that this resident is inappropriately placed in the above-referenced assisted living facility.

Name of Person Making the Request	Relationship to Resident
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Signature – Requester

Date

Or

If the resident makes this request and is physically unable to sign the document:

Signature – Witness

Date