TEXAS Health and Human Services

Form 2113
September 2012-E

Community Services

Interest Registration and Follow-Up

User's Region No.	Type Action ☐ Open ☐ Release ☐ Assign ☐ Close		Date of Contact/Intake
Name	Suffix ☐ I ☐ II ☐ III ☐ Jr. ☐ Sr.	Date of Birth	Date (mm/dd/yyyy)
Living Arrangement ☐ AL/RC ☐ Institution ☐ Group Home ☐ Friend/family ☐ ICF/IID ☐ ILS Support ☐ NF ☐ Personal Residence ☐ State Supported Living Center ☐ Hospital ☐ Other			Time (hr:min;am/pm)

If in an institution/NR:	Facility Name			Date of Admission		Date of Discharge
Address (Street, City, State, ZIP Code)				County Code	Area Code and Telephone No.	
Gender ☐ Male ☐ Female	Social Security No.	Individual No.	2060 Score	Alternate Area Code and Telephone No.		

Ethnicity

☐ American Indian/Alaska Native ☐ Asian/Pacific Islander ☐ Black (not Hispanic) ☐ Hispanic ☐ Other ☐ White (not Hispanic)

Eligibility Status

Receiving SSI? ☐ **Yes** ☐ **No** ☐ **Unknown** **Receiving MAO?** ☐ **Yes** ☐ **No** ☐ **Unknown**

Community Services Currently Received:

☐ AFC	☐ CBA	☐ CMPAS	☐ DAHS
☐ ERS	☐ FC	☐ HDM	☐ SSPD
☐ IHFS	☐ MDCP	☐ RC	☐ STAR+PLUS Waiver

☐ Other (specify) ____________________

Requested Region	County	Service Name			
Next Contact Date	Date Letter Mailed	Date Released	Date Assigned	Date Closed	Closure Code

Bypass Reasons:

☐ Administrative Directive	☐ CCP Aging Out	☐ DAHS XIX denied Medicaid	☐ FC – Immediate need
☐ FC – meets priority status	☐ FC – no caregiver	☐ MDCP over age 21	☐ PHC lost Medicaid
☐ Reconsidering due to MERP	☐ Residing in NF	☐ THS over age 21	

Comments:

Date Assigned to Case Manager	Assigned Case Manager BJN

Staff Name/BJN	Staff Area Code and Telephone No.	Date