TEXAS
Health and Human Services

**Form 5014**
July 2007-E

Guardianship Program

# Report of a Death/Service Termination

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|---|---|
| Date: | |
| To: Contract Manager<br>HHS Guardianship<br>Oversight and Community Supports | From: [Name of contractor]<br>[Name of person submitting the report] |
| Telephone Nos.: 512-438-2008 or 512-438-5439 | Telephone No. (include area code) |
| Fax No.: 512-438-5344 | Fax No. |

**Subject:** ☐ **Report of a Death**

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| Name of ward |
| Date of the service termination or date of the ward's death |
| Location of the deceased at time of death (for example, hospital, facility, home visit, etc.) |
| Source of information regarding the ward's death |
| Cause of death, if known |
| Is there reason to suspect that the death occurred under unusual circumstance? Is there a report of neglect or abuse? Is there an ongoing investigation into this ward's death? |
| Date to be discharged as guardian |

**Subject:** ☐ **Report of a Service Termination**

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| Name of ward |
| Date of the service termination |
| Reason for service termination |