



Home and Community-based Services (HCS) Waiver Program  
**Self-Assessment Certification**

Legal Entity Name (type or print legibly)	Doing Business As (DBA)
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Review all HCS certification principles. Indicate the review is complete by signing the form below.

**HCS Program Certification Principles:**

- Section 565.5(a)-(b) Rights of Individuals
- Section 565.7(a)-(e) Staff member and Service Provider Requirements
- Section 565.9(a)-(h) Program Provider Requirements
- Section 565.11 Service Delivery
- Section 565.25(a)-(n) Programmatic Requirements
- Section 565.33 (a)-(h) Restraints
- Section 565.37(a)-(d) Protective Devices

By signing this form, I certify that I am familiar with each of the TxHmL certification principals and my organization will implement and comply with the principles outlined in Texas Administrative Code 26, Part 1, section 565,565.5-565.37.

\_\_\_\_\_  
**Signature – Authorized Representative**

\_\_\_\_\_  
**Date**