

Consumer Directed Services (CDS)
Support Advisor Applicant

Thank you for your interest in providing support consultation services to individuals enrolled in Texas Health and Human Services (HHS) programs that have the CDS option. This form must be completed after successfully completing the CDS Support Advisor Training with a score of 80% or higher. Please do not complete this form until you have completed the training and have attained a passing score.

Please fill out this form completely. Any missing information may cause delays. Please send your completed form to:

Texas Health and Human Services

CDS Operations
Mail Code: H-600
701 West 51st Street
Austin, TX 78751

or

CDS@hhs.texas.gov

Please provide the following information:

- CDS Support Advisor Training score: _____ /100
- Date CDS Support Advisor Training was completed: _____
- Date criminal history record was requested from the Texas Department of Public Safety (DPS): _____

Support Advisor Information

For inclusion on the support advisor choice list. Please print clearly.

Name	Area Code and Phone No.
Address	County of Residence

Email

Organization

Independent support advisor

Support advisor affiliated with a Financial Management Services Agency (FMSA)

FMSA Name: _____

By signing my name in the space provided below, I, _____ attest that I have completed the CDS Support Advisor Training, am a high school graduate or possess a certificate of equivalency, and have requested my criminal history record from DPS.

Signature _____ Date _____

For HHSC Staff Use Only

<input type="checkbox"/> Training requirement met	<input type="checkbox"/> Applicant approved	Verified By	Date
<input type="checkbox"/> Criminal history record requirement met	<input type="checkbox"/> Applicant not approved		