



**Exclusion of Host Home/Companion Care (HH/CC) Provider from the  
Board of Nursing (BON) Definition of Unlicensed Person**

Individual \_\_\_\_\_

Name of HH/CC Provider \_\_\_\_\_

I assert that I have assessed and determined that all four of the following criteria have been met:

- the HH/CC provider meets the definition of Client Responsible Adult (CRA) in Texas Administrative Code (TAC), Title 22, Part 11, Chapter 225, §225.4;
- the individual and HH/CC maintain a stable and beneficial relationship;
- the HH/CC provider is willing and able to assume the responsibility and accountability for the individual's health care;  
and
- the HH/CC provider has adequate and appropriate supports available.

Based on the comprehensive assessment I completed, I have decided to exclude the HH/CC provider from the BON definition of unlicensed person. I have developed a nursing service plan that requires the HH/CC provider to report any changes in conditions or medical treatment to me.

\_\_\_\_\_  
Signature of Registered Nurse

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name and Credentials

Instructions: This form must be updated annually by the RN.