



Individual's Name and Address

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**Application Acknowledgement**

Individual's Name	Representative's Name
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Mailing Address (Street, City, State, ZIP code)	Area Code and Telephone No.
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- Yes, I would like to apply for the STAR+PLUS Home and Community Based Services (HCBS) program.
- No, I am no longer interested in the STAR+PLUS HCBS program. Please remove my name from the interest list.
- I am not interested in the STAR+PLUS HCBS program at this time, but would like my name to be returned to the bottom of the interest list so that I may be contacted again in the future.

**This form must be completed and returned to the Texas Health and Human Services Commission (HHSC) contact person listed below no later than .....**

**If the form is not returned by this date, your name will be removed from the interest list and no further action will be taken. Should this occur, you may request that your name be placed back at the bottom of the STAR+PLUS HCBS program interest list.**

\_\_\_\_\_  
Signature -Individual/Responsible Party

\_\_\_\_\_  
Date

Please return this form to:

HHSC Staff	Area Code and Telephone No.
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Mailing Address (Street, City, State, ZIP code)	Fax No.
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