TEXAS
Health and Human Services

Form 1573
January 2015-E

Residential Review Evidence of Correction

Return this Form with Evidence of Correction

Evidence of correction must be submitted within 14 calendar days of receiving the Residential Review Report from DADS.

Instructions to: [Provider Name]

For residential reviews, evidence of correction (documentation, photos, receipts, etc.) must be submitted for each checklist item marked "fail" that is not noted to be of significant risk. Each item of evidence must be labeled to indicate which checklist number to which it refers.

Provide your contact information and phone number:

Name	Contact Phone Number:	Email (optional):

For Review Completed at:

[Date]

[Comp code-Contract-Location Code]

[Address of Location]

[City, ZIP code of location]

Submit the evidence by only one of the methods listed below and include a copy of this cover sheet:

Email: [Administrative Assistant email address]	Fax: [Administrative Assistant name]	Mail: Texas Department of Aging and Disability Services, Waiver Survey and Certification
	Fax:	[Branch Office Mailing Address]
		Mail Code:

Approved by Department of Aging and Disability Services (DADS) Waiver Survey and Certification:

Signature	Title	Date