

Accounts Receivable E-411
Texas Department of Aging and Disability Services
P.O. Box 149030
Austin, Texas 78714-9030
Telephone: (512) 438-2630

For DADS Use Only
Approval Date: _____
Specialist: _____

Home and Community Support Services Agency
Request for Branch License

1. Type of Application:

Check one: Initial Renewal Change of Ownership

License Number (for renewal and change of ownership applications only): _____

National Provider Identifier (NPI) Number: _____

2. Licensing Fee: \$1750.00

Health and Safety Code, Chapter 142, Section 142.010, authorizes the Texas Department of Aging and Disability Services (DADS) to set home and community support services agency licensing fees. **FEES PAID TO DADS ARE NOT REFUNDABLE.**

DADS will not consider an application as officially submitted until the applicant pays the licensing fee.

Initial Branch Office License Fee	\$1750.00
Renewal Branch Office License Fee	\$1750.00
Change of Ownership Branch License Fee	\$1750.00

3. For Renewal Purposes Only: The information provided in 3 (a) and 3 (b) should **not** include clients served by the parent agency.

(a) Total number of **current unduplicated clients:** _____

(b) Number of **current unduplicated client census** by category of service:

L&CHH: _____ L&CHH with home dialysis: _____ LHHS: _____ LHHS with home dialysis: _____ PAS: _____

4. Parent Agency:

Name of Parent Agency		License Number	
Street Address	City	State	ZIP Code

5. Branch Office:

Street Address		County	
City	State	ZIP Code	
Telephone Number		Fax Number	
Operating Days		Operating Hours	

6. Parent Office:

Administrator Name	E-Mail Address
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7. Categories of Service: Check the categories of service to be included on the license for this branch location. **Note:** A branch office may offer fewer categories of services than the parent office, but may not offer categories of services that are not offered by the parent agency.

- | | |
|--|---|
| <input type="checkbox"/> Licensed and Certified Home Health Services | <input type="checkbox"/> Licensed and Certified Home Health Services with Home Dialysis Designation |
| <input type="checkbox"/> Licensed Home Health Services | <input type="checkbox"/> Licensed Home Health Services with Home Dialysis Designation |
| <input type="checkbox"/> Personal Assistance Services | |

Name of Agency:

License Number:

8. Geographic Service Area: The counties must be within the parent agency service area.

REGION 1 – LUBBOCK										
	County			County			County		County	
<input type="checkbox"/>	Armstrong		<input type="checkbox"/>	Dickens		<input type="checkbox"/>	Hutchinson		<input type="checkbox"/>	Potter
<input type="checkbox"/>	Bailey		<input type="checkbox"/>	Donley		<input type="checkbox"/>	King		<input type="checkbox"/>	Randall
<input type="checkbox"/>	Briscoe		<input type="checkbox"/>	Floyd		<input type="checkbox"/>	Lamb		<input type="checkbox"/>	Roberts
<input type="checkbox"/>	Carson		<input type="checkbox"/>	Garza		<input type="checkbox"/>	Lipscomb		<input type="checkbox"/>	Sherman
<input type="checkbox"/>	Castro		<input type="checkbox"/>	Gray		<input type="checkbox"/>	Lubbock		<input type="checkbox"/>	Swisher
<input type="checkbox"/>	Childress		<input type="checkbox"/>	Hale		<input type="checkbox"/>	Lynn		<input type="checkbox"/>	Terry
<input type="checkbox"/>	Cochran		<input type="checkbox"/>	Hall		<input type="checkbox"/>	Moore		<input type="checkbox"/>	Wheeler
<input type="checkbox"/>	Collingsworth		<input type="checkbox"/>	Hansford		<input type="checkbox"/>	Motley		<input type="checkbox"/>	Yoakum
<input type="checkbox"/>	Crosby		<input type="checkbox"/>	Hartley		<input type="checkbox"/>	Ochiltree			
<input type="checkbox"/>	Dallam		<input type="checkbox"/>	Hemphill		<input type="checkbox"/>	Oldham			
<input type="checkbox"/>	Deaf Smith		<input type="checkbox"/>	Hockley		<input type="checkbox"/>	Parmer			

REGION 2 – ABILENE										
	County			County			County		County	
<input type="checkbox"/>	Archer		<input type="checkbox"/>	Eastland		<input type="checkbox"/>	Knox		<input type="checkbox"/>	Stonewall
<input type="checkbox"/>	Baylor		<input type="checkbox"/>	Fisher		<input type="checkbox"/>	Mitchell		<input type="checkbox"/>	Taylor
<input type="checkbox"/>	Brown		<input type="checkbox"/>	Foard		<input type="checkbox"/>	Montague		<input type="checkbox"/>	Throckmorton
<input type="checkbox"/>	Callahan		<input type="checkbox"/>	Hardeman		<input type="checkbox"/>	Nolan		<input type="checkbox"/>	Wichita
<input type="checkbox"/>	Clay		<input type="checkbox"/>	Haskell		<input type="checkbox"/>	Runnels		<input type="checkbox"/>	Wilbarger
<input type="checkbox"/>	Coleman		<input type="checkbox"/>	Jack		<input type="checkbox"/>	Scurry		<input type="checkbox"/>	Young
<input type="checkbox"/>	Comanche		<input type="checkbox"/>	Jones		<input type="checkbox"/>	Shackelford			
<input type="checkbox"/>	Cottle		<input type="checkbox"/>	Kent		<input type="checkbox"/>	Stephens			

REGION 3 – METROPLEX										
	County			County			County		County	
<input type="checkbox"/>	Collin		<input type="checkbox"/>	Erath		<input type="checkbox"/>	Johnson		<input type="checkbox"/>	Rockwall
<input type="checkbox"/>	Cooke		<input type="checkbox"/>	Fannin		<input type="checkbox"/>	Kaufman		<input type="checkbox"/>	Somervell
<input type="checkbox"/>	Dallas		<input type="checkbox"/>	Grayson		<input type="checkbox"/>	Navarro		<input type="checkbox"/>	Tarrant
<input type="checkbox"/>	Denton		<input type="checkbox"/>	Hood		<input type="checkbox"/>	Palo Pinto		<input type="checkbox"/>	Wise
<input type="checkbox"/>	Ellis		<input type="checkbox"/>	Hunt		<input type="checkbox"/>	Parker			

REGION 4 – TYLER										
	County			County			County		County	
<input type="checkbox"/>	Anderson		<input type="checkbox"/>	Franklin		<input type="checkbox"/>	Marion		<input type="checkbox"/>	Smith
<input type="checkbox"/>	Bowie		<input type="checkbox"/>	Gregg		<input type="checkbox"/>	Morris		<input type="checkbox"/>	Titus
<input type="checkbox"/>	Camp		<input type="checkbox"/>	Harrison		<input type="checkbox"/>	Panola		<input type="checkbox"/>	Upshur
<input type="checkbox"/>	Cass		<input type="checkbox"/>	Henderson		<input type="checkbox"/>	Rains		<input type="checkbox"/>	Van Zandt
<input type="checkbox"/>	Cherokee		<input type="checkbox"/>	Hopkins		<input type="checkbox"/>	Red River		<input type="checkbox"/>	Wood
<input type="checkbox"/>	Delta		<input type="checkbox"/>	Lamar		<input type="checkbox"/>	Rusk			

REGION 5 – BEAUMONT										
	County			County			County		County	
<input type="checkbox"/>	Angelina		<input type="checkbox"/>	Jefferson		<input type="checkbox"/>	Polk		<input type="checkbox"/>	Shelby
<input type="checkbox"/>	Hardin		<input type="checkbox"/>	Nacogdoches		<input type="checkbox"/>	Sabine		<input type="checkbox"/>	Trinity
<input type="checkbox"/>	Houston		<input type="checkbox"/>	Newton		<input type="checkbox"/>	San Augustine		<input type="checkbox"/>	Tyler
<input type="checkbox"/>	Jasper		<input type="checkbox"/>	Orange		<input type="checkbox"/>	San Jacinto			

Name of Agency:

License Number:

8. Geographic Service Area: The counties must be within the parent agency service area.

REGION 6 – HOUSTON										
	County			County			County		County	
<input type="checkbox"/>	Austin		<input type="checkbox"/>	Fort Bend		<input type="checkbox"/>	Matagorda		<input type="checkbox"/>	Wharton
<input type="checkbox"/>	Brazoria		<input type="checkbox"/>	Galveston		<input type="checkbox"/>	Montgomery			
<input type="checkbox"/>	Chambers		<input type="checkbox"/>	Harris		<input type="checkbox"/>	Walker			
<input type="checkbox"/>	Colorado		<input type="checkbox"/>	Liberty		<input type="checkbox"/>	Waller			

REGION 7 – AUSTIN										
	County			County			County		County	
<input type="checkbox"/>	Bastrop		<input type="checkbox"/>	Coryell		<input type="checkbox"/>	Lampasas		<input type="checkbox"/>	Mills
<input type="checkbox"/>	Bell		<input type="checkbox"/>	Falls		<input type="checkbox"/>	Lee		<input type="checkbox"/>	Robertson
<input type="checkbox"/>	Blanco		<input type="checkbox"/>	Fayette		<input type="checkbox"/>	Leon		<input type="checkbox"/>	San Saba
<input type="checkbox"/>	Bosque		<input type="checkbox"/>	Freestone		<input type="checkbox"/>	Limestone		<input type="checkbox"/>	Travis
<input type="checkbox"/>	Brazos		<input type="checkbox"/>	Grimes		<input type="checkbox"/>	Llano		<input type="checkbox"/>	Washington
<input type="checkbox"/>	Burleson		<input type="checkbox"/>	Hamilton		<input type="checkbox"/>	Madison		<input type="checkbox"/>	Williamson
<input type="checkbox"/>	Burnet		<input type="checkbox"/>	Hays		<input type="checkbox"/>	McLennan			
<input type="checkbox"/>	Caldwell		<input type="checkbox"/>	Hill		<input type="checkbox"/>	Milam			

REGION 8 – SAN ANTONIO										
	County			County			County		County	
<input type="checkbox"/>	Atascosa		<input type="checkbox"/>	Edwards		<input type="checkbox"/>	Karnes		<input type="checkbox"/>	Medina
<input type="checkbox"/>	Bandera		<input type="checkbox"/>	Frio		<input type="checkbox"/>	Kendall		<input type="checkbox"/>	Real
<input type="checkbox"/>	Bexar		<input type="checkbox"/>	Gillespie		<input type="checkbox"/>	Kerr		<input type="checkbox"/>	Uvalde
<input type="checkbox"/>	Calhoun		<input type="checkbox"/>	Goliad		<input type="checkbox"/>	Kinney		<input type="checkbox"/>	Val Verde
<input type="checkbox"/>	Comal		<input type="checkbox"/>	Gonzales		<input type="checkbox"/>	La Salle		<input type="checkbox"/>	Victoria
<input type="checkbox"/>	DeWitt		<input type="checkbox"/>	Guadalupe		<input type="checkbox"/>	Lavaca		<input type="checkbox"/>	Wilson
<input type="checkbox"/>	Dimmit		<input type="checkbox"/>	Jackson		<input type="checkbox"/>	Maverick		<input type="checkbox"/>	Zavala

REGION 9 – ABILENE										
	County			County			County		County	
<input type="checkbox"/>	Andrews		<input type="checkbox"/>	Gaines		<input type="checkbox"/>	McCulloch		<input type="checkbox"/>	Sutton
<input type="checkbox"/>	Borden		<input type="checkbox"/>	Glasscock		<input type="checkbox"/>	Menard		<input type="checkbox"/>	Terrell
<input type="checkbox"/>	Coke		<input type="checkbox"/>	Howard		<input type="checkbox"/>	Midland		<input type="checkbox"/>	Tom Green
<input type="checkbox"/>	Concho		<input type="checkbox"/>	Irion		<input type="checkbox"/>	Pecos		<input type="checkbox"/>	Upton
<input type="checkbox"/>	Crane		<input type="checkbox"/>	Kimble		<input type="checkbox"/>	Reagan		<input type="checkbox"/>	Ward
<input type="checkbox"/>	Crockett		<input type="checkbox"/>	Loving		<input type="checkbox"/>	Reeves		<input type="checkbox"/>	Winkler
<input type="checkbox"/>	Dawson		<input type="checkbox"/>	Martin		<input type="checkbox"/>	Schleicher			
<input type="checkbox"/>	Ector		<input type="checkbox"/>	Mason		<input type="checkbox"/>	Sterling			

REGION 10 – EL PASO										
	County			County			County		County	
<input type="checkbox"/>	Brewster		<input type="checkbox"/>	El Paso		<input type="checkbox"/>	Jeff Davis			
<input type="checkbox"/>	Culberson		<input type="checkbox"/>	Hudspeth		<input type="checkbox"/>	Presidio			

REGION 11 – CORPUS CHRISTI										
	County			County			County		County	
<input type="checkbox"/>	Aransas		<input type="checkbox"/>	Hidalgo		<input type="checkbox"/>	Live Oak		<input type="checkbox"/>	Starr
<input type="checkbox"/>	Bee		<input type="checkbox"/>	Jim Hogg		<input type="checkbox"/>	McMullen		<input type="checkbox"/>	Webb
<input type="checkbox"/>	Brooks		<input type="checkbox"/>	Jim Wells		<input type="checkbox"/>	Nueces		<input type="checkbox"/>	Willacy
<input type="checkbox"/>	Cameron		<input type="checkbox"/>	Kenedy		<input type="checkbox"/>	Refugio		<input type="checkbox"/>	Zapata
<input type="checkbox"/>	Duval		<input type="checkbox"/>	Kleberg		<input type="checkbox"/>	San Patricio			

Name of Agency:

License Number:

9. Affidavit:

Before me, the undersigned authority, on this day personally appeared, known to me to be the person who is the AUTHORIZED REPRESENTATIVE of this Home and Community Support Services Agency and acknowledged to me that all the information contained in this document is true and correct.

_____	_____
Printed Name	Title
_____	_____
Signature—Authorized Representative	Date Signed

Given under my hand and seal of office, this _____ day of _____ in the year of _____ .

Signature of Notary Public

Notary Public in and for _____ County, Texas
Name of County

**Place Notary Seal
or Stamp Here**

With a few exceptions, you have the right to request and be informed about the information that the Department of Aging and Disability Services (DADS) obtains about you. You are entitled to receive and review the information upon request. You also have the right to ask DADS to correct information that is determined to be incorrect (Government Code, Sections 552.021, 552.023, 559.004). To find out about your information and your right to request correction, please contact the Home and Community Support Services Agencies (HCSSA) Licensing Unit at (512) 438-2630.

Name of Agency:

License Number:

Home and Community Support Services Agency

**Checklist for Completing a Branch Initial or Change of Ownership (CHOW) Application
or a Home and Community Support Services Agency (HCSSA) License**

The application, documents and required fee for the HCSSA CHOW license must be **postmarked 30 days prior to the effective date of the CHOW** to avoid a late fee.

Mail to: Home and Community Support Services Agencies
Texas Department of Aging and Disability Services
Accounts Receivable E-411
P.O. Box 149030
Austin, TX 78714-9030

Note: If mailed to any other address, your application will be delayed.

- Completed Form 2025 **application**, signed, dated and notarized.
- Non-refundable licensing fee of \$1750.00** made payable to the **Texas Department of Aging and Disability Services**.
- Organizational structure** of the branch office that shows the relationship to the parent agency office.

For Initial Applications Only:

If the parent license is to expire within two months of the initial branch office request, please call 512-438-2630 and request to speak with the licensing specialist for the region where the parent license is located.

Home and Community Support Services Agency

**Checklist for Completing a Branch Renewal Application for a
Home and Community Support Services Agency (HCSSA) License**

The application, documents and required fee for renewal of the HCSSA license must be **postmarked 45 days prior to the expiration date of the license** to avoid a late fee. If an agency fails to apply for license renewal prior to the expiration date of the license, the agency must cease operation upon expiration of the license.

Mail to: Home and Community Support Services Agencies
Texas Department of Aging and Disability Services
Accounts Receivable E-411
P.O. Box 149030
Austin, TX 78714-9030

Note: If mailed to any other address, your application will be delayed.

- Completed Form 2025 **application**, signed, dated and notarized.
- Non-refundable licensing fee of \$1750.00** made payable to the **Texas Department of Aging and Disability Services**.