TEXAS
Department of Aging
and Disability Services

COMMISSIONER
Jon Weizenbaum

[Date]

[Name]
[Street address]
[City, State, ZIP code]

Subject: A Change in Your (name of program or service) Provider's Contract.

Dear _____ ,

Your provider, (name of provider before the contract change) recently had a change to its contract with the Texas Department of Aging and Disability Services. As a result of this change:

☐ The provider's contract number on your service plan has changed.

☐ The provider's name and contract number on your service plan has changed.
The provider's new name is _____ .

This change in the provider's contract may have resulted from a change in business ownership in which part of the ownership changes, a complete change in ownership or a change in the provider's license.

You may choose to remain and receive your (name of program or service) services with (name of assigned provider) or you may select a different provider. You continue to have the right to change your provider at any time.

If you would like to select a new provider, have any questions or require additional information, please contact me by phone at (area code and phone number) .

Sincerely,

_____
Case Manager