TEXAS
Department of Aging
and Disability Services

Date
Case Manager
Office Address and Telephone No.

Individual's Name and Address

In-Home and Family Support Program (IHFSP)

Notice of Spend Down

You have not furnished acceptable receipts to substantiate purchases made with In-Home and Family Support Program (IHFSP) funds. In order to remain eligible, you must send receipts for the services or items you have purchased or repayment of unspent funds to the address listed above. If you do not provide receipts or repayment, your IHFSP services will be denied on the day after the due date listed below. No new funds will be authorized until the Department of Aging and Disability Services (DADS) receives the outstanding receipts or funds. Following the return of receipts or funds to DADS, your next grant amount will be determined based on the needed items or services for the months remaining in the appropriate time period. Receipts will not be accepted after denial of services.

Effective Date of Spend down: _____

Amount Due in Subsidy Receipts or Repayment: $0.00

Amount Due in Capital Expenditure Receipts or Repayment: $0.00

Due Date of Receipts or Repayment: _____

Date Range of Acceptable Receipts: _____ through _____

The following receipts were submitted but are not acceptable for the stated reason:

Purchase of items or services not listed on your service plan is not allowed without prior authorization from your case manager.