Texas Department of Aging
and Disability Services

Form 2725
April 2007

List of Persons to Receive Notification of Surrogate Consent Committee (SCC) Hearing

Facility Name	Vendor Number
Individual's Name	Social Security Number

Department Use
_____
Case Number (to be assigned by SDM)

Listed below are the names, addresses, phone numbers and relationships to the individual of all persons who will be notified of the date, time and place of the scheduled SCC hearing. Included are all actively involved adult family members and persons known to have a demonstrated interest in the care and welfare of the individual, such as an advocate or friend identified by the individual.

Name	Address	Phone Number	Relationship