

## HCS Program Provider Request for Life Safety Inspection

Date: \_\_\_\_\_

<p><b>Program Provider</b></p> <p>Name: _____</p> <p>Mailing Address: _____</p> <p>Telephone Number: _____</p> <p>Fax Number: _____</p>	<p><b>Provider Contact</b></p> <p>Name: _____</p> <p>Telephone Number: _____</p> <p>Cellphone Number: _____</p>
<p><b>Residence to Be Inspected</b></p> <p>Street Address: _____</p> <p>City: _____</p> <p>ZIP Code: _____</p> <p>Location Code: _____</p>	<p><b>Type of Inspection Requested</b></p> <p><input type="checkbox"/> Initial</p> <p style="padding-left: 20px;"><input type="checkbox"/> Conversion (3- to 4-bed, or dwelling to 4-bed)</p> <p style="padding-left: 20px;"><input type="checkbox"/> New Construction</p> <p><input type="checkbox"/> Annual</p> <p><input type="checkbox"/> Reinspection (after a failed initial or annual inspection)</p>
<p><b>Level of Evacuation Capability</b></p> <p><input type="checkbox"/> Prompt</p> <p><input type="checkbox"/> Slow</p> <p><input type="checkbox"/> Impractical</p>	<p><b>Fire Protection System Status</b></p> <p><input type="checkbox"/> Home is equipped with fire sprinklers</p> <p><input type="checkbox"/> Home is not equipped with fire sprinklers</p>
<p><b>Attachments</b></p> <p><input type="checkbox"/> Local fire safety authority refusal to inspect home</p> <p><input type="checkbox"/> State Fire Marshal's Office refusal to inspect home</p>	

**Mail to:**  
 Texas Department of Aging and Disability Services  
 DADS HCS Life Safety Inspection  
 Survey Operations Architectural Unit (E-250)  
 P.O. Box 149030  
 Austin, TX 78714-9030

**OR**

**Fax to:**  
 512-438-4623

**OR**

**Email to:**  
[DADS.HCS.LifeSafetyInspection@dads.state.tx.us](mailto:DADS.HCS.LifeSafetyInspection@dads.state.tx.us)