



## SECOND LEVEL APPEAL OF A PROVIDER INVESTIGATION FINDING

**Purpose:** Use this form to request an appeal of first level APS Appeal.

**Directions:** Complete this form and include your reason for the request of an appeal of the Director of Provider Investigation's decision. Be sure to include your current address and phone number in the event a representative from APS should need to contact you. Applicable rules regarding requesting an appeal of the Director of Provider Investigation's decision of an APS Appeal of a Provider Investigation may be found in Title 40 of the Texas Administrative Code, Chapter 711, Subchapter J.

After completing this form, send this and any relevant information which you feel may not have been considered by the Investigator to [APS\\_Provider\\_Appeals@dfps.state.tx.us](mailto:APS_Provider_Appeals@dfps.state.tx.us) or mail to: APS Provider Appeals; Adult Protective Services Division, Department of Family and Protective Services, PO Box 149030, E-561, Austin, TX 78714-9030

### GENERAL INFORMATION

Name/Type of Provider:		Allegation and Finding of Appeal:
Name of Individual Receiving Services:		
IMPACT Case Number:	Date of Director of Provider Investigation's completed appeal:	Date of Current Appeal Request:

### REQUESTOR'S INFORMATION

Printed Name of Requestor:	Signature of Requestor: <b>X</b>	Date Signed:
Title/Relationship of Requestor:		
Address:	Phone/Email Address:	

Reason for appeal of Director of Provider Investigation's decision:

### FOR DFPS USE ONLY

<input type="checkbox"/> Appeal request has all required documents to proceed		
Date Appeal Request Received:	Assigned To:	Due Date: