



FIRST LEVEL APPEAL OF PROVIDER INVESTIGATION FINDING

Purpose: Use this form to request an appeal of the finding of an APS Provider investigation from the Director of Provider Investigation.

Directions: Complete this form and include your reason for the request of an appeal. 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 provider investigations 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 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:	Name of Individual Receiving Services:	Allegation and Finding of Appeal:
IMPACT Case Number:	Date of Signed DFPS Report:	Date of Appeal Request:
Reason for your appeal:		

REQUESTOR INFORMATION

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

FOR DFPS USE ONLY

Date Appeal Request Received:	Assigned To:	Due Date:
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