TEXAS
Health and Human Services

Form 1681
January 2024

Home and Community-based Services (HCS)
Rights Addendum

Name of Individual	CARE ID:	Medicaid ID:

This form lists the rights of an individual that an HCS provider must protect and promote according to 26 TAC Section 565.5. In addition to the rights explained to you in the Your Rights in the Home and Community-based Services (HCS) Program booklet, your rights as an HCS participant include:

- To be informed about your own health, mental condition and related progress.
- To be informed of the name and qualifications of any person serving or treating you and to choose among various available service providers.
- To receive visitors without prior notice to the program provider.
- To attend or refuse to attend religious activities.
- To live in a normative residential living environment.
- To be informed of the progress or lack of progress being made in the execution of the implementation plan and transportation plan.
- To receive appropriate support and assistance from a staff member or service provider to address concerns if you dislike or disagree with the services being provided or think that your rights are being violated.
- To have service providers who are responsive to you and, at the same time, are responsible for the overall functioning of the HCS program.
- To have active assistance in exercising your civil and self-advocacy rights by providing you information for complaints, voter registration, citizenship information and education, advocacy services and guardianship.
- To participate in social, recreational and community group activities.
- To have opportunities for leisure time activities, vacation periods, religious observances, holidays and days off, consistent with your choice and routines of other members of the community.

By signing below, I acknowledge that I have been provided a copy and an oral explanation of the HCS Rights Addendum.

_____ _____
Signature — Individual or LAR Date

_____
Relationship of LAR to the Individual Receiving Services

_____ _____
Signature — Service Coordinator Date