CITY OF RICHARDSON HEALTH DEPARTMENT

# REGISTERED FAMILY HOME PERMIT APPLICATION

P.O. Box 830309 • Richardson, Texas 75083-0309 • (972) 744-4080

**(TYPE *OR* PRINT *ALL INFORMATION*)**

Date _____

APPLICANT/CAREGIVER NAME: _____

ADDRESS: _____
STREET NO. STREET NAME ZIPCODE

PHONE: _____ EMAIL: _____

NAMES AND AGES OF FAMILY MEMBERS RESIDING WITH CAREGIVER:

_____ _____

_____ _____

_____ _____

_____ _____

EMERGENCY CONTACT: _____ PHONE: _____

ARE YOU CURRENTLY REGISTERED WITH STATE OF TEXAS DEPARTMENT OF HUMAN SERVICES? ☐ YES ☐ NO

APPLICANT'S SIGNATURE: _____

**** PLEASE DO NOT WRITE BELOW THIS LINE ****

FEE: $50.00

APPROVED BY: _____
HEALTH AUTHORITY

COMMENTS: _____

_____

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