

**FOR OFFICE USE**

Received: \_\_\_\_\_ Paid On: \_\_\_\_\_ Amount: \_\_\_\_\_ Receipt: \_\_\_\_\_ CK-CC-CH \_\_\_\_\_  
Initial: \_\_\_\_\_ RowID: \_\_\_\_\_ Parent: \_\_\_\_\_ Juris: COA / TC / ILA



AUSTIN/TRAVIS COUNTY HEALTH & HUMAN SERVICES DEPARTMENT  
ENVIRONMENTAL HEALTH SERVICES DIVISION  
P.O. BOX 142529 Austin, TX 78714  
Phone: (512) 978-0300 Email: [ehsd.service@austintexas.gov](mailto:ehsd.service@austintexas.gov)  
Web Address: <http://www.austintexas.gov/ehsd>



Walk-in Location: 1520 Rutherford LN, NE corner of Rutherford LN @ Cameron RD, Building 1 East Entrance (Not a Mailing Address)

**Request for Custodial Care Inspection**  
*Day Care/Adoption/Foster Care*

**Applicant Information** *Note: Incomplete applications **will not** be processed and will be returned*

**Name:** \_\_\_\_\_  
Last Name First Name Middle Name  
**Address:** \_\_\_\_\_  
Street City State Zip Code  
**Email Address:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_  
*Email addresses will not be distributed. (Internal use only)* (###) ### - ####

**Contact Information** *Contact Responsible for Scheduling the Inspection (Complete section if contact differs from above)*

**Name:** \_\_\_\_\_  
Last Name First Name Middle Name  
**Address:** \_\_\_\_\_  
Street City State Zip Code  
**Email Address:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_  
*Email addresses will not be distributed. (Internal use only)* (###) ### - ####

**Facility Information** *Required for Day Care Facilities Only*

**Facility Name:** \_\_\_\_\_  
**Facility Address:** \_\_\_\_\_  
Street City State Zip Code  
**Email Address:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_  
*Email addresses will not be distributed. (Internal use only)* (###) ### - ####  
**Is this facility also a permitted food service?** ( ) Yes ( ) No **Permit Number:** \_\_\_\_\_

**Fee Information:** *Note: Refund requests **will not** be honored after 180 days from date of payment*

Inspection Type Requested	City of Austin*	Travis County
Custodial Care Inspection	\$106.00 (Per Inspection)	No Fee Required

\* Includes contracted municipalities not limited to: Bee Cave, Lakeway, Manor, Rollingwood, Sunset Valley, Volente, Westlake Hills

**DO NOT MAIL CASH PAYMENTS**

**Payment Forms Accepted: Cash, Check, Money Order, Visa, MasterCard, Discover, AMEX**  
Make checks and money orders payable to: ATCHD or Austin/Travis County Health & Human Services  
Debit cards not accepted. Credit cards not accepted for Travis County payments.

Payment must accompany applications submitted by mail (Environmental Health Services Division, PO BOX 142529, Austin, TX 78714) or in person at the walk-in location (1520 Rutherford LN). For customers submitting via email ([ehsd.service@austintexas.gov](mailto:ehsd.service@austintexas.gov)) please note that an EHSD representative will contact you by phone to collect a credit card payment within 2 business days of submission.

Applicant's Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

I acknowledge that all information supplied above is true and correct to the best of my knowledge and belief. I further acknowledge that the aforementioned inspection will be conducted in accordance with all applicable provisions of the orders and ordinances of Austin & Travis County, and all of the provisions of the codes, statutes and rules adopted under the codes and statutes of the State of Texas.