**APPLICATION FOR ENROLLMENT**

To receive a contract under the open enrollment for communication services for state agencies, a Contractor must complete this Application for enrollment and have it accepted by the Texas Health and Human Services Commission (HHSC) Procurement and Contracting Services (PCS).

1. **Applicant Information:**

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| --- | --- | --- | --- |
| Legal Name of Applicant |  | | |
| Applicant’s Address |  | | |
| City, State, Zip |  | | |
| Contact Person |  | Alternate Phone Number |  |
| Contact’s Phone Number |  | Title |  |
| Contact's E-mail Address |  | | |
| Federal Employer Identification Number |  | | |
| Texas Identification Number |  | | |
| Type of Entity: 1. Sole Proprietorship; 2. General Partnership; 3. Corporation; 4. Limited Liability Company; or 5. Limited Partnership |  | | |
| Number of years providing interpreter or CART services for persons who are deaf or hard of hearing. |  | | |

By signing this Application, the Applicant certifies that the information provided in its Application and attachments is complete and accurate to the best of the Applicant’s knowledge and that it meets the requirements for Contractors stated in HHS0001230 and can provide the services sought through the Open Enrollment. The Applicant also agrees to all the requirements in Open Enrollment HHS0001230.

|  |  |
| --- | --- |
| Signature of Authorized Representative | Date |
| Name of Authorized Representative (Printed) | Title of Authorized Representative (Printed) |

**The remainder of the form is intentionally left blank.**