**Form G Non-Medical Services**

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| **Legal Business Name of Respondent:** |  |

The Multi-Assistance Center demonstration project will provide non-medical services, including transportation, to individuals with intellectual disabilities, developmental disabilities, and individuals with other special needs.

1. Please provide up to 1,000 words describing your plan to provide non-medical services, at a minimum this should include transportation, and referrals.

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1. Using the geographic and demographic analysis submitted in response to Form D, Question 7, please estimate the number of individuals who will require transportation assistance to attend on-site services at the Multi-Assistance Center. In addition, please provide your plan for aiding these individuals to reach services provided by the Multi-Assistance Center or to services an individual is referred to by the Multi-Assistance Center.

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1. Please estimate the following metrics:

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| **Metric** | **FY 2026** | **FY 2027** | **FY 2028** | **FY 2029** | **FY 2030** |
| The number of instances in which transportation assistance will be provided to attend on-site services at the Multi-Assistance Center OR to services an individual is referred to by the Multi-Assistance Center. |  |  |  |  |  |

1. Outcomes are used by HHSC to define a service that is performed successfully, in relation to the individuals in these services. Please provide both quantifiable and qualitative outcomes for individuals in non-medical services.

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