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|  | **Health & Independence Services** |

**Form E: Contact Person Information**

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| **Legal Business Name of Applicant:** |  |

*This form provides information about the appropriate contacts in the Applicant’s organization.  
If any of the following information changes during the term of the contract, please send written notification to the Contract Manager.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
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| **Executive Director:** |  | |  | **Mailing Address (incl. street, city, county, state, & zip):** | |
| **Title:** |  | |  |  |  |
| **Phone:** |  |  |  |  |  |
| **Fax:** |  | |  |  |  |
| **E-mail:** |  | |  |  |  |
|  | | | | | |
|  | | | | | |
| **Program Manager:** |  | |  | **Mailing Address (incl. street, city, county, state, & zip):** | |
| **Title:** |  | |  |  |  |
| **Phone:** |  |  |  |  |  |
| **Fax:** |  | |  |  |  |
| **E-mail:** |  | |  |  |  |
|  | | | | | |
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|  | | | | | |
| **Billing Specialist:** |  | |  | **Mailing Address (incl. street, city, county, state, & zip):** | |
| **Title:** |  | |  |  |  |
| **Phone:** |  |  |  |  |  |
| **Fax:** |  | |  |  |  |
| **E-mail:** |  | |  |  |  |
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| \*Will be provided as referral information to the public by 2-1-1, the HHSC website, and other health information resources. | | | | | |